



Port Republic Volunteer Fire Company

Membership Application Packet

Port Republic Volunteer Fire Company

116 Blakes Ln.

Port Republic, NJ 08241

Dear Prospective Member:

Thank you for your interest in joining our fire company. The purpose of this packet is to familiarize you with our mission, responsibilities and answer many of the questions you may have in connection with the application process and membership.

If you have any further questions, please do not hesitate to contact me at 609.432.8870 or [nickmlampe@gmail.com](mailto:nickmlampe@gmail.com).

Thank you,

Nicholas M. Lampe

President

Port Republic Volunteer Fire Company

## **Our Mission**

The Port Republic Volunteer Fire Company (PRVFC) has been proudly serving the community of Port Republic and surrounding areas since 1929. Our primary service area is 8.5 square miles and protects 1,200 residents and 500 households.

Our organization is comprised of roughly 30 members. The members of our company are solely voluntary and provide essential first responder services 24 hours a day, 365 days a year. We responded to an average of 50 calls a year including fire, extrication and natural disasters.

While it is our first and foremost goal to protect life and property, responding to calls of distress is only a part of being a member of our team. To accomplish our mission, we must train, maintain equipment and fundraise. To complete these tasks, we have monthly business meetings (first Monday of every month) and monthly drills (third Monday of every month). We also have inter-municipality drills during weekends and other nights.

While being a volunteer fireman in Port Republic is extremely rewarding, it also requires dedication and commitment – both time and energy.

## **Your First Year**

During your first year in the company, you will be issued a pager and full firefighter protective equipment. This equipment is at no expense to you. You will be placed on a probationary period of six (6) months. The probationary period ends with a practical test of company equipment and safety regulations, which must be passed.

You will be assigned an experienced firefighter who will provide you with basic company training and answer any questions that you may have. This training covers such topics as familiarization

with fire equipment, fire ground safety and proper wearing of turnout gear. After you complete this training you will have a basic knowledge of our standard operating procedures and be permitted to respond to emergency calls where you will generally act as an observer and a “go-for.”

You are required to enroll in Firefighter I at the Atlantic County Fire Academy in Egg Harbor Township within one year of being approved for membership. You may choose to attend the spring or fall semester in which classes are held Tuesday and Thursday evenings and several Sunday’s during the day over a four-month period. Another option is the accelerated summer semester in which courses are taught during the daytime (8:30 -2:30) on Tuesdays and Thursdays and occasional Sundays over a three-month period. Firefighter I is paid for by the Fire Company. If for any reason you do not instruction or cannot satisfactorily complete the course, you must reimburse the Fire Company the full cost of the class.

**Requirements for Membership:**

- Applicants must be citizens of the United States.
- Applicants must be a resident of Port Republic for six (6) months. (Exceptions will be considered on an individual basis).
- Due to the nature of activities performed, applicants must be able to speak and understand the English language.
- Our job requires a relationship of trust between our members and members of the community of all ages, genders, religions, races, and ethnicities. We work closely with local police, EMS, city council, and other fire companies during emergency situations. Due to these reasons, it is necessary for a full criminal background check to be run. This check may include finger printing and active warrant inquiries. If you

have ever been convicted of a serious crime, you are not eligible for membership.

- The job of a firefighter requires strenuous physical activities in many different conditions. We require a physical examination to be completed by a licensed physician in the State of New Jersey. Physical limitations will not disqualify you from becoming a member, but may limit the activities you are able to perform.
- Teamwork and brotherhood are vital roles of any member of the fire company. We put our lives in your hands and yours in ours. As such, we are interested in speaking with the references you list on your application, especially your employer/co-workers and any officers from any volunteer organization you are/were a part of.

## *Application Check List*

(Please make sure you have completed all steps required for membership)

Read the information contained in this packet. Make sure you understand and meet the requirements for membership. If you have any further questions, please call President Nick Lampe at 609.432.8870.

Completed the membership application and returned it to the fire company.

Completed the Driver's license abstract and returned it to the fire company.

Had a complete physical examination by a licensed physician and submitted the results to the fire company.



# Port Republic Volunteer Fire Company Membership Application

## Personal Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Driver's License Class

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Social Security Number

US Citizen:

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
E-mail Address

**Military Service**

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Date of Service

\_\_\_\_\_  
Rank/Discharge Status

**Employment**

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Length of Employment

**Education**  
**(Highest Level Attained Only)**

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
State

\_\_\_\_\_  
Date of Attendance

\_\_\_\_\_  
Did You Graduate?

\_\_\_\_\_  
If you did not graduate from high school, did you attain a GED?

If



## Firefighting Experience and Training

Have you previously been a member of a Fire Company? If yes, list department below.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Department Name

\_\_\_\_\_

Length of Service

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/State

\_\_\_\_\_

Zip Code

Have you ever applied for membership with the Port Republic Fire Company?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a certified firefighter?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Level

\_\_\_\_\_

Date Received

Are you a certified instructor?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Level

\_\_\_\_\_

Date Received

Have you ever attended a Fire Academy? If yes, please provide name, address, and date of attendance.

Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Attendance \_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/State

\_\_\_\_\_

Zip Code

Are you a certified in CPR? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a certified EMT? Yes \_\_\_\_\_ No \_\_\_\_\_

## References

List any members of the Port Republic Fire Company with whom you are acquainted, starting with your sponsoring member.

\_\_\_\_\_  
Sponsoring Member

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Member

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Member

\_\_\_\_\_  
Phone Number

List three (3) references, other than relatives and others named above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

## Emergency Contact Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

**Why do you want to become a member of the  
Port Republic Fire Company?**

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**Statement of Veracity**

**(Review your answers carefully and read the statement below before signing)**

I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.

I understand that failure to answer all questions completely and sincerely will disqualify me for membership with the Port Republic Volunteer Fire Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

**Fire Company Use Only**

Name: \_\_\_\_\_

Sponsoring Member: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Date of First Reading \_\_\_\_\_

Date of Second Reading \_\_\_\_\_

Approved: \_\_\_\_\_

Date \_\_\_\_\_

ID Number: \_\_\_\_\_

Comments:

President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Port Republic Volunteer Fire Company

I \_\_\_\_\_ (Applicant Name) authorize the Port Republic Fire Company to obtain my Driver's License Abstract. The possibility of me operating Fire Department Apparatus makes this relative to me becoming a Port Republic Volunteer Firefighter. Periodically, thru my employment with Port Republic Fire Company random abstracts may be obtained.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

Number of years residing at the above address: \_\_\_\_\_

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date