Date Received by Recruitment/Retention: _____

Butler Volunteer Fire Department

26-28 Carey Avenue

Butler, NJ 07405

Membership@ButlerFD.com

Membership Application

Level of Membership of Application:

☐ Firefighter ☐ Auxiliary Member ☐ Ladies Auxiliary

Name: _____ Date of Birth: _____

Address: _____

How long have you resided in Butler: _____

Phone: _____ Driver License Number: _____

Social Security Number: _____

Have you ever been a member of any Fire Department? Yes or No

If yes, what Department: _____ Department Contact: _____

If yes, have you earned State Exemption? Yes or No

Is there any reason being in a citizens home/business or around their possessions would be an issue for you? Yes or No

If yes, please Explain: _____

Do you have any physical handicaps? Yes or No

If yes, please Explain: _____

Why do you want to join? _____

By signing this form, I hereby apply for the above level of Membership with the Butler Volunteer Fire Department in Butler, NJ. I agree to abide with the Borough of Butler Fire Department Ordinance, the Borough of Butler Employee Handbook as well as the Butler Fire Department Bylaws and Standard Operating Procedures/Guidelines.

I also acknowledge that the Borough of Butler has the right to and may choose to do a Background Check and a Driver's License DMV check and authorize that with my signature below.

Applicant Name: _____ Applicant Signature: _____ Date: _____