#### Spotswood Volunteer Fire Department Cadet Membership Application

|                                 |                       | Date:                                   | , 20         |
|---------------------------------|-----------------------|---|--------------|
| Jame:                           |                       |   |              |
| ame: First                      | Initial               | Last                                    |              |
| ddress:                         |                       | Municipality:                           | S #          |
|                                 |                       |   |              |
| irthdate://                     | Birthplace:           | SS#:                                    |              |
| resent Residence:               |                       | For:                                    | Years        |
| egular Occupation:              |                       |   |              |
| ave you ever been a member of   | of another fire depar | rtment?    Yes    No    If so when?     |              |
| here:                           |                       | 2                                       |              |
|                                 |                       |   |              |
|                                 |                       | Signature                               | of Applicant |
|                                 |                       |   |              |
|                                 | hei                   | ing duly sworn doth depose and says tha | at the above |
| atements are true to the best o |                       | e and belief sworn to before me this    |              |
| 20_                             |                       |   |              |
|                                 |                       | C' SN-4                                 | - Dublia     |
|                                 |                       | Signature of Notar                      | y Public     |
|                                 |                       |   |              |
| UNICIPAL APPROVAL               |                       | ,                                       |              |
|                                 |                       | to active membership in the department  |              |
|                                 | , at spots wood on t  |   |              |
|                                 |                       |   |              |
| Signature of Municipal          | Clark                 | Signature of Chief – Fire               | Department   |

#### **Physical Test Record**

TO BE FILLED OUT BY A LICENSED PHYSICIAN IN THE STATE OF N.J. AND RETURNED TO THE INVESTIGATING COMMITTEE OF THE SPOTSWOOD FIRE DEPARTMENT. ALL SECTIONS OF THE PHYSICAL MUST BE PROPERLY FILLED OUT OR THE APPLICATION WILL BE RETURNED.

| Name: (PLEASE PRINT) First                                 | In               | itial          | Last     | ,            |           |
|--|------------------|----------------|----------|--------------|-----------|
| Age:   | Height:          | Ft             | In.      | Weight:      | lbs.      |
| Eyesight: Left -   | Right            | I              | Hearing: |              |           |
| Blood Pressure:  |                  |                |          |              |           |
| Has applicant any apparent d                               | lisabilities in: |                |          |              |           |
| Heart:   |                  | Lungs:         |          |              | -         |
| Joints:  |                  | Veins:         |          |              | _         |
| Feet and Legs:   | 2                | Hands and      | d Arms:  |              |           |
| Spine:   | ·                | Hernia:        |          | 100          |           |
| Has applicant ever suffered f                              | rom injury? DY   | es □ No If so  | when?    |              |           |
| Describe:  |                  |                |          |              |           |
| REMARKS:   |                  |                |          |              |           |
|  |                  |                |          |              |           |
|  |                  |                |          |              |           |
| I HEREBY CERTIFY AS A<br>APPLICANT IS FREE FRO<br>DEFECTS. |                  |                |          |              |           |
| Rejection based on following                               |                  |                |          |              | /2009-0   |
| #  |                  |                |          |              | 5.        |
| Date Examined:   | Examined at:     |                | Addres   | ss of Office |           |
|  |                  |                |          |              |           |
|  |                  | · was a second |          | Signature of | Physician |

#### Application for Spotswood Fire Department

| Name:  | Age:                        | Marital Status:                                      |     |
|--|-----------------------------|--|-----|
| Address:   | How Long:                   | Phone Number:  |     |
| Past Residence:  |                             |  |     |
| Three Local References: (Name, A   | Address, Phone Number)      |  |     |
|  |                             |  |     |
| Three References: (Non-Relative,   | Non-Member) (Name, Addre    |  |     |
|  |                             |  |     |
|  |                             |  |     |
| Present Employer (Name, Address  | s, Phone Number, Supervisor |  |     |
| Past Employer (Name, Address, P  | Phone Number, Supervisor)   |  |     |
| я  | 1                           |  |     |
|  |                             |  |     |
|  |                             | Department?  |     |
|  |                             | a  |     |
|  |                             | ,  |     |
|  |                             |  |     |
| - Control of the Cont |                             | t.   |     |
| Applicant Signature:  NOTE: This application is to be accepted to serve the Spotswood V  |                             | Date: Date: cation fee, which is returned if you are | not |
| FIRE DEPARTMENT USE ONL  | <u>Y</u>                    |  |     |
| Investigated by: Approved: YES NO  | )                           | Date:  |     |

# Parent's Consent to Obtaining and Retaining Fingerprint Record Files On Junior Members of the Spotswood Volunteer Fire Department

| We, the undersigned, being the parent            |                                  |
|--|----------------------------------|
|  | , who is now, or has             |
| applied to become a Junior Member of the S       | potswood volunteer Fire          |
| Department (referred to as Cadet), a municip     | oal department of the Borough of |
| Spotswood, Inc., do hereby consent to having     | g the fingerprints of our        |
| son/daughter (cross out inapplicable word) to    | aken for the purpose of          |
| identification and/or investigation.             |                                  |
| We understand that these fingerprint r           | ecords will be produced for and  |
| used exclusively by the Spotswood Voluntee       |                                  |
| actual fingerprinting will be conducted by a     |                                  |
| Police Department.                               | •                                |
| We specifically authorize the Spotswo            | ood Volunteer Fire Department    |
| and its agents to obtain and retain on file said |                                  |
| purposes which the Spotswood Volunteer Fit       |                                  |
| utilize said fingerprint records.                |                                  |
| We do further authorize the Spotswoo             | d Police Department to generate  |
| such fingerprint records for the exclusive use   |                                  |
| Fire Department.                                 | of the Spoiswood volumeer        |
| The Department.                                  |                                  |
|  |                                  |
|  |                                  |
|  | Parent/Guardian                  |
|  | Farent Guardian                  |
|  |                                  |
|  |                                  |
|  | D 4/C 1:                         |
|  | Parent/Guardian                  |
|  |                                  |
|  |                                  |
| Dated:   |                                  |
|  |                                  |
|  |                                  |
|  |                                  |
|  | Notary Public of the             |
|  | State of New Jersey              |



#### SPOTSWOOD VOL. FIRE DEPT. 495 MAIN STREET SPOTSWOOD, N.J. 08884-0104

TELEPHONE – (732) 251-3460 \* FAX – (732) 251-3433 www.spotswoodfire.com



# Spotswood Volunteer Fire Department Rules and Guidelines for Junior Membership Parent/Guardian Acknowledgement Form

| We, the undersigned, being the parents and   | legal guardians of           |
|--|------------------------------|
|  | , who is now, or has         |
| applied to become a Junior Member of the Spotsw<br>a municipal department of the Borough of Spotsw | ood, Inc., do hereby         |
| acknowledge reading and understanding the rules  | and guidennes of Junior      |
| Membership of the Spotswood Volunteer Fire Dep<br>We understand that we are ultimately respon      |                              |
| respond to fire alarms or attend fire department fur   |                              |
| understand that any problems arising in academic   | performance or problems with |
| behavior should be reported to the chief or other li   |                              |
| We also acknowledge that our child will ob-  |                              |
| the best of their ability, and that any violation of the   |                              |
| lead to possible suspension or dismissal from the o  |                              |
|  |                              |
|  |                              |
|  |                              |
|  | Parent/Guardian              |
|  |                              |
|  |                              |
|  |                              |
|  | Junior Member Applicant      |
|  |                              |
|  |                              |
| Dated:   |                              |
|  |                              |
|  |                              |
|  | Chief                        |
|  | Cilici                       |



## SPOTSWOOD VOL. FIRE DEPT. 495 MAIN STREET

SPOTSWOOD, N.J. 08884-0104 TELEPHONE - (732) 251-3460 \* FAX - (732) 251-3433

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#### Rules and Guidelines for Junior Membership in The Spotswood Volunteer Fire Department

Junior membership in the Spotswood Volunteer Fire Department, more commonly referred to as the Cadet program, was created to provide an opportunity for persons between the ages of 16-18, with an interest in the fire service, to participate in community service.

Junior members will be subject to the same rules and regulations of the Spotswood Fire Department as regular members are, which are outlined in the Spotswood Fire Department Bylaws and Standard Operating Procedures. Also, there are additional rules and guidelines governing junior membership which is outlined below.

- Upon completion of the application process, the junior member will serve a six (6) month probation period from the date of entry and will be decided by the line officers of the fire department at the end of this period. At this time probation can be ended, or extended an additional six (6) months.
  - O Dismissal from the membership rolls can also occur at this time
- Let it be stressed first and foremost that during the time of the probationary or regular membership period, the duties of the junior member shall NEVER overshadow his or her responsibilities to their parents, home, or school.
  - o A school grade average of a C is required to maintain active membership.
  - Any infringements on any of these areas may result in suspension or dismissal from junior membership.
  - Parents are encouraged to contact the chief or any line officer with any related problems.
- A junior member of the Spotswood Volunteer Fire Department will be expected to act appropriately and professionally at all times, and will be expected to show respect and courtesy to all parties both on and off the fire grounds. Junior members will also conduct themselves in such a manner that will not bring discredit to the Spotswood Fire Department.
- Junior members will be issued the same equipment as regular members (except for an air mask and PASS alarm), and will assume the same responsibility for it. Protective gear is property of the fire department and junior members must sign for this equipment indicating they will accept responsibility for it.



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- The insurance coverage for junior members is the same as that which covers regular members. There is a disability and accident insurance along with workman's compensation, which are all carried by the Borough of Spotswood.
- In accordance with labor laws, junior members will not be allowed to respond to alarms between the hours of 10 pm and 7 am during the school year. However, if and only if the junior member's parents consent, the junior may respond to alarms on Friday and Saturday nights all year, and any night during summer vacation at any time.
  - This however, is for junior members who are of legal driving age, or if the junior member's parent drops them off at the firehouse. Junior members who ride their bicycles or walk to the firehouse may not respond past 10 pm.
- A junior member will NOT respond to alarm when directed not to by their parents, nor will they EVER leave school at any time for fire department business.
- Probationary junior and regular junior members will be subject to the same restriction as regular probationary members. This means junior members:
  - Will not use air packs at fires
  - Will not operate any power tools, including saws, drills, and extrication equipment
  - o Will not drive any apparatus at any time
  - o Will not enter burning structures EVER
  - o Will not be allowed to respond to Hazardous Materials incidents
  - Will not go on out of town alarms or standby duty
  - o Will not be allowed to vote or hold any fire department office
  - Must attend at least one hose test per year
- During snow emergency standbys, parental/guardian consent is needed for a junior member to stay at the firehouse.
  - o The parent must call the firehouse and speak to the officer in charge
- Junior members are expected to show up for as many fire department meetings, drills, fire
  calls and other functions as much as possible, but as stated earlier, family, home and school
  take priority at all times.
- As a general rule, junior members will not be allowed to attend fire schools, but will be allowed to participate in training classes and drills held by the department.

#### Any questions or concerns, do not hesitate to contact the chief or any officers.

Parents/Guardians of Junior members are required to fill out the form on the next page acknowledging that they have read and understood the rules and guidelines of junior membership of the Spotswood Volunteer Fire Department.



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- In the event of a fire alarm, junior members may respond in an orderly and cautious manner to the Main Street Firehouse. If there is room on the truck, the officer on the truck permits it, and the call is not a hazardous materials incident, junior members may ride on the truck in full turnout gear. At no time will members be permitted to enter structure fires.
  - Junior members who drive are STRICTLY FORBIDDEN from using Blue emergency lights or any other alerting devices.
- In the event of short term illness, for example, colds, dental work, and the like, junior members may come down to the firehouse for credit, but must use their discretion in deciding whether to ride or not.
- Junior members are assigned to a crew that is responsible for a particular truck. The duty of the junior member is to familiarize themselves with their assigned truck and the equipment on board as best as possible. It is also important for the junior members to familiarize themselves with the other trucks in the department as well.
  - Learning where the equipment is on all the trucks is vital to operations and performance on a fire scene as junior members are usually tasked with getting equipment off the trucks for the regular members
  - A junior member should never be afraid to ask questions, officers and other members will always be glad to help.
- The firehouse will be open to the junior member only with a regular member present. Junior members are forbidden from being in the firehouse alone; being caught could result in possible disciplinary action. Junior members will also not be issued keys to the building.
  - O Junior members are allowed to bring a guest into the firehouse, the junior member will be held responsible for his or her guest's behavior.
  - The firehouse is not just a place to hangout; junior members are expected to pitch
    in with the work that needs to be done, including a weekly assignment on their
    assigned truck, and cleaning of the lounge.
- The duties and requirements of junior members will be outlined by the Chief and President at the beginning of each year. If a conflict arises, then the junior member should talk with an officer before the situation becomes a problem. Conflicts with other members should also be handled in an adult manner.
  - Any physical altercations will result in disciplinary action, with punishments including suspension and possible dismissal.
- Keep in mind the responsibility you have being a member of the fire department. Be responsible for your own actions.
- Finally, at the time when junior members become eligible, they must submit another application for regular membership.

### Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

|   | 1 Name (as shown on your income tax return). Name is required on this line.   | ; do not leave this line blank.  |  |                   |                              |                     |                                   | -                   |                   |        |
|---|---|--|--|-------------------|------------------------------|---------------------|-----------------------------------|---------------------|-------------------|--------|
|   | 2 Business name/disregarded entity name, if different from above  |  |  |                   |                              |                     |                                   |                     |                   |        |
| ige 2   | 2 200 Mario, and egalaced chirty harrie, if different from above  |  |  |                   |                              |                     |                                   |                     |                   |        |
| Print or type<br>See Specific Instructions on page  | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trn single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►  Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line |  | Trust/estate certain entities instructions of Exempt payee |                   |                              |                     | ties, not<br>s on pag<br>ree code |                     |                   |        |
| Print   | the tax classification of the single-member owner.  Other (see instructions)  | check the appropriate box in   | the line abo   | ive for           | cod                          | e (if any           | y)                                |                     |                   |        |
| # <u>€</u>  | 5 Address (number, street, and apt. or suite no.)   |  | Poquestor's  |                   |                              |                     | unts mainta                       |                     | de the U.         | .S.)   |
| ခိုင  | y and apt of date no.,  |  | Requester's  | name              | and a                        | Juress              | optiona                           | 1)                  |                   |        |
| See Sp  | 6 City, state, and ZIP code   |  |  |                   |                              |                     |                                   |                     |                   |        |
|   | 7 List account number(s) here (optional)  |  |  |                   |                              |                     |                                   |                     |                   |        |
| Pari  | Taxpayer Identification Number (TIN)  |  | ****   |                   |                              |                     |                                   |                     |                   |        |
| Enter y   | our TIN in the appropriate box. The TIN provided must match the na  | ame given on line 1 to avo   | oid So   | cial se           | curity                       | numbe               | r                                 |                     |                   |        |
| Dackup  | D Withholding. For individuals, this is generally your social security or   | imber (SSM) However to   | ra   | П                 | $\exists$                    | TT                  |                                   |                     | T                 | $\Box$ |
| entities  | nt alien, sole proprietor, or disregarded entity, see the Part I instruction, it is your employer identification number (EIN). If you do not have a   | ons on page 3. For other   | ,  |                   | -                            |                     | -                                 |                     |                   |        |
| TIN on  | page 3.   | indifficer, see flow to get  | or   |                   |                              | .——                 |                                   |                     |                   |        |
| Note. I   | f the account is in more than one name, see the instructions for line   | 1 and the chart on page 4  |  | ployer            | ident                        | ficatio             | n numb                            | er                  |                   |        |
| guidelir  | nes on whose number to enter.   |  |  |                   | T                            | ПТ                  | TT                                |                     | $\Box$            |        |
|   | *   |  |  |                   | -                            |                     |                                   |                     |                   |        |
| Part  |   |  |  |                   |                              | 11                  | لللل                              |                     | المسام            |        |
| Under p   | penalties of perjury, I certify that:   |  |  |                   |                              |                     |                                   |                     |                   |        |
| 1. The  | number shown on this form is my correct taxpayer identification nur   | mber (or I am waiting for a  | a number to  | be is             | sued                         | to me)              | and                               |                     |                   |        |
| <ol><li>I am<br/>Serv</li></ol>   | not subject to backup withholding because: (a) I am exempt from b<br>ice (IRS) that I am subject to backup withholding as a result of a failu<br>onger subject to backup withholding; and   | ackup withholding or (b)   | I have not   | hoon r            | otifia                       | d by th             | o Intor                           | nal Rev             | venue<br>that I a | am     |
| 3. I am   | a U.S. citizen or other U.S. person (defined below); and  |  |  |                   |                              |                     |                                   |                     |                   |        |
|   | FATCA code(s) entered on this form (if any) indicating that I am exem   | ant from EATCA reporting   | ic correct   |                   |                              |                     |                                   |                     |                   |        |
| Certific<br>because<br>interest<br>generall<br>instructi  | ation instructions. You must cross out item 2 above if you have be you have failed to report all interest and dividends on your tax retu paid, acquisition or abandonment of secured property, cancellation y, payments other than interest and dividends, you are not required ons on page 3.  | en notified by the IRS tham. For real estate transactors of debt, contributions to   | it you are contions, item                                  | 2 doe             | s not                        | apply.              | For mo                            | ortgage             | e                 | ıg<br> |
| Sign<br>Here  | Signature of<br>U.S. person ►   | Date   | •  |                   |                              |                     |                                   |                     |                   |        |
|   | eral Instructions   | • Form 1098 (home mortg<br>(tuition)   | gage interest  | ), 1098           | -E (stu                      | dent lo             | án intere                         | ∍st), 109           | 98-T              | 0      |
| Section references are to the Internal Revenue Code unless otherwise noted.  Future developments. Information about developments affecting Form W-9 (such   |   | <ul> <li>Form 1099-C (canceled</li> </ul>  |  |                   |                              |                     |                                   |                     |                   |        |
| as legislation enacted after we release it) is at www.irs.gov/fw9.  |   | Form 1099-A (acquisition or abandonment of secured property)   |  |                   |                              |                     |                                   |                     |                   |        |
| urpo  | se of Form  | Use Form W-9 only if yo provide your correct TIN.  | ou are a U.S   | . perso           | n (inclu                     | iding a             | resident                          | t alien), t         | to                |        |
| CLUITI WILL   | lual or entity (Form W-9 requester) who is required to file an information the IRS must obtain your correct taxpayer identification number (TIN)  | If you do not return Fort<br>to backup withholding. Se   | m W-9 to the<br>e What is ba                               | reque.<br>ackup w | ster wi<br>vith <b>ho</b> le | th a TIN<br>ding? o | l, you m<br>n page :              | ight be<br>2.       | subjec            | ct     |
| which may be your social security number (\$\$N), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer dentification number (EIN), to report on an information return the amount paid to |   |  |  |                   |                              |                     |                                   |                     |                   |        |
| ou, or ot   | ion number (EIN), to report on an information return the amount paid to her amount reportable on an information return. Examples of information   | to <b>be</b> issued),  |  |                   |                              |                     |                                   | g for a n           | umbei             | r      |
| eturns include, but are not limited to, the following:  2. Certify that you are not Form 1099-INT (interest earned or paid)  3. Claim exemption from  |   |  |  |                   | -                            |                     |                                   |                     |                   |        |
| Form 1099-DIV (dividends, including those from stocks or mutual funds)  |   | <ol> <li>Claim exemption from<br/>applicable, you are also ce</li> </ol>   | ertifying that   | as a U.           | ig if yo<br>.S. per          | ou are a<br>son. vo | U.S. ex<br>ur alloc:              | empt pa<br>able sha | ayee. I<br>are of | T      |
| Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)   |   | any partnership income from  | om a U.S. tra  | ade or b          | ousine                       | ss is no            | t subjec                          | t to the            |                   |        |
| Form 10<br>rokers)  | 99-B (stock or mutual fund sales and certain other transactions by  | withholding tax on foreign partners' share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on |  |                   |                              |                     |                                   |                     |                   |        |
| Form 1099-S (proceeds from real estate transactions) page 2 for further information.  |   |  |  | 9: 011            |                              |                     |                                   |                     |                   |        |
| Form 10   | 99-K (marchant and and third and third  | f 2  |  |                   |                              |                     |                                   |                     |                   |        |