



Policies, Procedures and
Standard Operating
Guidelines Manual

New Membership Packet

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Document ID: SOG # 301B

Issue No: 2

Issued 09/04/2008

Reviewed 11/12/2020


Approved by: District Fire Chief
Board of Fire
Commissioners

Mantua Township Fire District New Member Packet



**This packet is to be completed and returned prior to being
issued any equipment**

**Any Applicant under 18 years of age (Junior Member) will complete this packet and then
contact the Officer of the Juniors for further instruction**

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Please fill out the following fields completely so that the new member process can go as smoothly and quickly as possible.

1. General Information Required

- a. First Name: _____ Last Name: _____ MI: _____
- b. Address: _____
- c. Birth date: _____ Social Security: _____
- d. Phone Number: () _____ - _____ Email: _____
- e. Drivers License Number: _____
- f. Emergency Contact: _____ Phone Number: () _____ - _____
- g. Blood Type: _____ Allergies: _____

2. Medical Clearance

- a. Applicants 18 years of age MUST have a department physical that is to be completed by the Department’s Physician. After completion the doctor will submit the results to the Board of Fire Commissioners.
- b. See Chief Hauss to schedule a physical.

3. NJ LOSAP/Relief Forms


- a. LOSAP Application is attached with this Packet, Application will be held by the commission until the member is eligible for collecting LOSAP. Please return Completed packet ASAP.
- b. ONLY applicants 18 years of age and older MUST have their physician complete this form. Junior members go directly to Step four.

4. Department Access

- a. After being approved for membership contact:
 - i. Deputy Chief D. Hauss will schedule a date and time to issue you security access to the building. Building Access is only issued to members 18 years of age and older.

5. Equipment & Uniforms

- a. After completing your department physical contact the following Career Personnel for issuance of equipment and uniforms:
 - i. Turnout Gear, Shirts, Hooded Sweatshirts, and Polo contact Firefighter D. Marchei
 - ii. Identification Tags contact Firefighter V. Torino
 - iii. Active 9-1-1 access contact Firefighter V. Torino
 - iv. Pagers contact Deputy Chief D. Hauss

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6. Equipment Sign Off

Building Access

Signature Below is required to be issued Key Fob. The Key Fob will provide access to unprohibited areas in both the Union Avenue Station and Jackson Road Station. Usage of the Key Fob will be explained at the time of distribution.

I _____ acknowledge that I am receiving equipment purchased by the Mantua Township Fire District. I agree to care for the equipment and assure that it is not lost or stolen nor damaged out of negligence. Any loss of equipment or negligent damage caused by my actions that are not relative to the duties of my position will be my responsibility and I will incur the cost of repair or replacement. Any prohibited actions relative to access to the building will result in immediate termination of building access.

Print Name: _____

Signature: _____

Date: _____

Pager


Signature Below is required to be issued Pager. Set up and care of the Pager will be explained at the time of distribution.

I _____ acknowledge that I am receiving equipment purchased by the Mantua Township Fire District. I agree to care for the equipment and assure that it is not lost or stolen or damaged out of negligence. Any loss of equipment or negligent damage caused by my actions that are not relative to the duties of my position will be my responsibility and I will incur the cost of repair or replacement.

Print Name: _____

Signature: _____

Date: _____

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Turnout Gear

Signature Below is required to be issued Turnout Gear. Set up and care of the turnout gear will be explained at the time of distribution.

I _____ acknowledge that I am receiving equipment purchased by the Mantua Township Fire District. I agree to care for the equipment and assure that it is not lost or stolen or damaged out of negligence. Any loss of equipment or negligent damage caused by my actions that are not relative to the duties of my position will be my responsibility and I will incur the cost of repair or replacement.

Print Name: _____

Signature: _____

Date: _____

Training Pledge


Signature Below is required to become a member of the Mantua Township Fire District.

I _____ acknowledge that upon membership to the Mantua Township Fire District I have the privilege to attend job related training, at the cost of the Mantua Township Fire District. I understand that these classes may be costly to the District and I agree to attend and complete all training in which I am sponsored by the Mantua Township Fire District. If I do not complete the training, I will be subject to reimbursement of funds. If I complete the required training; however, fail the final test, I will be granted the opportunity to retake the training. If the second take also results in failure, I will be subject to reimbursement of funds. If I complete the training; however, do not remain an active member within the Mantua Township Fire District for one year I may be subject to reimbursement of funds.

Print Name: _____

Signature: _____

Date: _____


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HEPATITIS B VACCINE DECLINATION (MANDATORY)

I, _____ understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination, currently. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: _____

Date: _____

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Acknowledgment of SOGs

1. Purpose and Scope

1.1 This guideline has been established to provide an equitable and consistent method to assure that all members have been advised of the Policies, Procedures and Standard Operating Guidelines (SOG) of the Mantua Township Fire District. Their Signature is acknowledgement that they have read the guidelines, understand the guidelines, and agree to adhere to the guidelines set by the District Fire Chief and Board of Fire Commissioners.

2. Acknowledgement Procedures

2.1 All new members starting July 25, 2017 will be issued this form with the new membership packet. This form is to be completed and turned in with the new membership packet, assuring that the new member has been advised where the SOG's can be located and that the new member understands the SOG's and will adhere to the SOG's as written.

2.2 All sitting members will be issued this form starting July 25, 2017, so that they can acknowledge that they have been properly trained on the location of the SOG's, and that they understand the SOG's and will adhere to the SOG's as written. Members will be given ample time to read or re-read all the guidelines. Members who choose not to read all the SOG's, but merely sign this form, are acknowledging that they understand all the SOG's and will adhere to the SOG's as written.

3. Filing of this Form

3.1 This acknowledgment form will be filed in each member personnel file with their application and new membership packet, as well as, other forms utilized to acknowledge receipt for issued equipment

4. Acknowledgment Statement

4.1 See statement below

I, _____ acknowledge that I have been advised of the location of the Policies, Procedures and Standard Operating Guidelines of the Mantua Township Fire District, I understand all the guidelines as written and agree to adhere to all of the guidelines as written. I understand that if I violate any of the Policies, Procedures or Standard Operating Guidelines I can be subject to disciplinary action. My signature below confirms my acknowledgment.

Signature

Date