

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

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

1) 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) To schedule a physical contact Interstate Mobile Care at (856) 256-9677 and inform them that you are a member of the Mantua Township Fire District and you are calling to schedule a department physical.

2 NJ State LOSAP Forms

- a. LOSAP Application is attached with this Packet, Application will be held by the commission until the member is eligible for collecting LOSAP.
- b. ONLY applicants 18 years of age and older MUST have their physician complete this form. Junior members go directly to Step 4
- c. Return COMPLETED NJ State LOSAP application with this Packet.

3 DEPARTMENT ACCESS

- a. After being approved for membership contact:
 - i. Dan Hauss, at (856) 981-9684. He will schedule a date and time to issue you security access to the building
 - ii. Building access is only issued to member 18 years of age and older

4 EQUIPMENT & UNIFORMS

- a. After completing your department physical contact the following for issuance of equipment and uniforms:
 - i. Fire Gear/ Uniforms, Nick Lamana at (856) 468-7222
 - ii. Pager/Radio/RSAN contact Dan Hauss at (856) 981-9684

General Information Required				
First Name		Last Name		Middle
Address:				
Birth dates:		Current Age		
Phone Number				
Personal Email Address				
Driver License #				

ID Tag				
First Name				
Last Name				
Birthday			Blood Type	
Weight			Height	
Emergency Contact				
Contact #				
Medications				
Allergies				
Limitations				
Base Line Vitals:	Blood Pressure		Pulse	

The Purpose of the ID Tags is for accountability on the fire ground and or any other emergency even that you may be placed into. In order for the ID Tags to be issued for your gear, a picture will be taken after completion of this packet. If you do not know your base line vitals we will take them for you on your first drill night.

RSAN	
Name	
Cell Number	
Service Provider	
Email Address	

RSAN is a service that is provided by Gloucester County Communications. This service is used for Digital Dispatch Notification and Event Notification for fire calls, special events, weather warnings, and any other Information that is entered. This service is not mandatory but is free for members. Please fill all fields out below so that the information can be entered into the system.

Gear and Uniform		
Name		
Pant Size	Waist	
	Length	
Shirt Size		
Shoe Size		

Personal Equipment, (any equipment that is not issued)

Pager Sign Off
<p>Signature below is required to be issued a department pager. Please fill out all fields. Operation of the pager will be explained at the time of distribution.</p>
<p>I _____ acknowledge that I am receiving a Pager on this date _____. By signing below I acknowledge that I take full responsibility of the page and understand the responsibilities that come with it.</p>
<p>Print Name: _____ Sign Name: _____</p>
<p><u>Department Use Only</u> Issued by: _____ Date: _____</p>

Key Fob
<p>Signature below is required to be issued a key fob. This will allow entry into both Jackson Rd and Union Ave Stations.</p>
<p>I _____ acknowledge that I am receiving a key fob on this date _____. By signing below I acknowledge that I take full responsibility of the key and understand the responsibilities that come with it.</p>
<p>Print Name: _____ Sign Name: _____</p>
<p><u>Department Use Only:</u> Issued By: _____ Date: _____</p>

