

TOWNSHIP OF HAMILTON POLICE DEPARTMENT

6101 THIRTEENTH STREET
SUITE 220
MAYS LANDING, NEW JERSEY 08330



POLICE: 609-625-2700 ADM / RECORDS: 609-625-2211 FAX: 609-625-5903

E-MAIL: gciambrone@hamiltonatlnj.gov

Prospective Volunteer Firefighter:

The Township of Hamilton has four (4) fire departments which proudly serve our community:

- 18-1 Mays Landing
- 18-3 Laureldale
- 18-4 Weymouth
- 18-5 Cologne

Each department is staffed by volunteers who provide fire services 24 hours a day.

If you are interested in becoming a member of our team, it is important for you to understand that being a volunteer firefighter is a commitment – a commitment of time and energy. What you put into the department is what you will take with you. Becoming a member of our team also means that you will be representing the Township of Hamilton. Your conduct is expected to be professional and courteous at all times.

Although our primary mission is the protection of lives and property, responding to emergencies is only part of our responsibilities. Our fire stations and equipment need to be cleaned and maintained, we need to keep our skills sharp by training, and we need to educate our community in fire prevention. To accomplish most of these tasks, each department meets weekly for meetings, training, fund raisers, or work details.

Members are expected to maintain the required percentage for company activities per company by-laws. Obviously, your family and work commitments come first. Keep in mind that making this percentage is not difficult if you truly make an effort – there is almost always something that you can get involved in each day depending upon your availability.

Requirements for Membership

- 1. Applicants must be at least 18 years of age and a U.S. citizen or legal resident.
- 2. Because our job requires efficient communication for safety reasons, applicants must be able to speak and understand the English language.
- 3. Applicants should reside or work in the Township.
- 4. The job of a volunteer firefighter is a position of trust. We frequently enter private homes and businesses and also interact with citizens of all age groups. We work closely with local and State on crime scenes and other emergencies. All of these reasons make it necessary that our applicants submit to a criminal background check. If you have been convicted of a

- serious crime, you may not be eligible for membership. Convictions for lesser offenses will not necessarily disqualify you for membership but will be dealt with at the option of the Chief of Police and the appropriate fire company.
- 5. Our job often requires strenuous activities in extreme conditions. Because of this, all applicants must submit to a physical examination by the Township's physician. Physical limitations will not necessarily disqualify you for membership but will be dealt with at the option of the Chief of Police and the appropriate fire company based on the needs of the company.
- 6. Teamwork is essential in our organization. Because of this we check the references you list on your application. We are particularly interested in speaking to co-workers from your place of employment or with others from volunteer emergency service organizations where you previously held membership.

Fully completed applications should be returned to the Office of Human Resources. If you have any questions, please don't hesitate to contact your local fire department or the Office of Human Resources at (609) 625-1511, ext. 453.

Sincerely,

Gregory K. Ciambrone

Chief of Police

GKC:cw

encl.

VOLUNTEER APPLICATION

Township of Hamilton Office of Human Resources 6101 Thirteenth Street, Mays Landing, NJ 08330 (609) 625-1511, ext. 453

New Application	Weymouth (18-	4) Cologne (18-5)	
☐ Transfer Request			
Full Name:	First Name	Middle Initial	
Number & Street	City	Zip Code	
lome Phone #:	Cell Ph	one #:	
mail Address:			
Pate of Birth:	Social Seco	urity #:	
/alid NJ Drivers License?	Yes No Drivers License #:		
Employer:	Occupation:	Phone #:	
Emergency Contact:	Relation:	Phone #:	
Have you ever been convi	icted of a crime? Yes No		
f yes, explain:			
Have you ever applied to	volunteer with the Township before?	Yes No	
f yes, where/when:			
Have you ever been refus	ed membership to any Fire or Rescue	Organization? Yes No	
f yes, explain:			
Has your membership in a	any Fire or Rescue Organization ever b	peen suspended or revoked? Ye	s No
f yes, explain:			
List the names of three (3) character r	references that you are not related to.		
Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	

CERTIFICATION

Read Carefully

I certify that I have answered all questions truthfully and in good faith. I will submit to a physical examination, drug screening, criminal background check, and other evaluations as required by the State of New Jersey. If accepted into membership, I agree to comply with the by-laws, the Standard Operating Procedures/Guidelines of the fire company and the ordinances and rules/regulations as established by the Township of Hamilton.

Any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration, or (ii) may result in my immediate discharge from volunteer service whenever it is discovered.

I agree to complete all required training and to actively participate in fire company activities (meetings, drills, work details, fundraising, etc.) to the best of my ability.

			Date:		
FO	R TOWNSHIP OF H	IAMILTON USE	ONLY		
Fire Chief's Recommendation		nature required)			
Date:					
Photocopies provided by pro	spective member:				
□ NJ Drivers Licens	e 🗆 First	Aid / CPR cards	as applicabl	e	
Checks to be completed:					
Driving Abstract	Date:				
Background Check	Date:				
References	Date:				
Physical Scheduled:					
Date/Time			□ Pass	□ Fail	
Membership Approved:					
□ Yes	□ No				

BACKGROUND CHECKS FOR VOLUNTEERS

PURPOSE: To define the Policy and Procedures for administering Background Checks to all Township of Hamilton Volunteers.

STATEMENT OF POLICY: Background Checks will be administered prior to the start of any volunteer assignment for each volunteer 18 years and older.

Human Resources manages the Background Check policy and procedures, and all records are maintained in the Human Resources Office.

As part of the in-processing for a new volunteer, a "Fingerprint and Background Check Consent Form" is required to be signed by the volunteer, and the volunteer is required to schedule an individual fingerprint appointment with the Township of Hamilton Police Department.

It takes a minimum of two (2) weeks for background check results to be completed.

Conditions Under Which a Volunteer Will Be Disqualified From Volunteer Assignment With The Township of Hamilton.

A volunteer may be disqualified from volunteer duty with the Township if that person's criminal record history background check reveals a record of <u>conviction</u> of any of the crimes and offenses that are listed on Attachment A. An acquittal, a dismissal, successful completion of Pre-Trial Intervention (PTI), or an expungement of a criminal offense, including a disqualifying criminal offense, is not a disqualifying conviction.

How a Volunteer Is Made Aware of a Disqualifying Conviction.

The Township of Hamilton Police Department will notify Human Resources that there is a "conviction for one of the offenses enumerated in Public Law 1999, Chapter 432."

Appeal Process.

The Appeals Committee is comprised of a the Chief of Police, a Police Lieutenant, and the Human Resources Director.

Once an applicant has been notified of a disqualifying conviction, the applicant has 14 calendar days to file a Notice of Appeal with the Township. Such Notice of Appeal must be sent in writing-to-the-Human-Resources Director.

In making a determination on the appeal, the following information will be considered:

BACKGROUND CHECK POLICY FOR VOLUNTEERS

ATTACHMENT A

CHAPTER 11. CRIMIN	IAL HOMICIDE			
2C:11-2	Criminal Homicide			
2C:11-2.1	Time Lapse Between Assault & Death			
2C:11-3	Murder			
2C:11-3a	Adoption of Ct. Rules concerning photos of Homicide Victim			
2C:11-4	Manslaughter			
2C:11-5	Death by Auto or Vessel			
2C:11-5.1	Knowingly Leaving Scene of Motor Vehicle Accident Resulting in Death,			
	Third Degree Crime; Sentencing			
2C:11-6	Aiding Suicide			
CHAPTER 12. ASSAU	LT, RECKLESS ENDANGERING; THREATS			
2C:12-1	Assault: simple and aggravated			
2C:12-1.1	Knowingly leaving Scene of Motor Vehicle Accident Resulting in Serious			
	Bodily Injury, Fourth Degree Crime; Sentencing			
2C:12-1.2	Endangering an injured victim			
2C:12-2	Recklessly Endangering Another Person			
2C:12-3	Terroristic Threats			
2C:12-4-9	Repealed			
2C:12-10	Stalking			
2C:12-10.1	Permanent Restraining Order for Stalking Conviction; Dissolution			
2C:12-10.2	Temporary Restraining Order for Alleged Stalking; conditions			
2C:12-11	Disarming Law Enforcement Officer			
2C:12-12	Definitions Relative to Certain Acts of Inmates, Parolees			
2C:12-13	Throwing Bodily Fluid at Department of Corrections Employees Deemed			
	Aggravated Assault, Grading			
CHAPTER 13. KIDNA	PPING & RELATED OFFENSES; COERCION			
2C:13-1	Kidnapping –			
	a. holding for ransom			
	b. other purposes			
	c. grading of kidnapping			
	d. unlawful removal of confinement			
2C:13-2	Criminal Restraint			
2C:13-3	False Imprisonment			
2C:13-4	Interference With Custody-of-Children & Committed Persons			
2C:13-5	Criminal Coercion			
20:12 6	Luring Entiring Child Attempts: Crime of Third Degree			

Township of Hamilton

Office of Human Resources 6101 Thirteenth Street Mays Landing, New Jersey 08330



New Jersey's Largest Municipality

FINGERPRINT AND BACKGROUND CHECK CONSENT FORM FOR VOLUNTEERS

In accordance with Township of Hamilton policy, I understand that, as a condition of volunteer service, the Township of Hamilton requires a background check.

By signing this form, I agree to be fingerprinted and consent to a criminal background record check as a condition of volunteer service. I also represent, attest, and certify that I have never been convicted of any crimes or disorderly persons offenses as defined by New Jersey law or the law of any other state, or that the guilty disposition of any crimes and/or offenses has been amended to a status of not guilty, or that any previous charges have been expunged.

I further understand that should a conviction be revealed, I have the right to an appeal as defined in the Township's Background Check policy.

Name: (Pl. ease Pri vit)		-
Signature:	8:	Date:
TR.		
Witness:		

TOWNSHIP OF HAMILTON Emergency Services

Consent to Check Motor Vehicle Driver's License Status & History

·
, provide consent to the Township
of Hamilton to conduct annual Motor Vehicle Record checks through the New Jersey Custome
Abstract Information Retrieval Program (CAIR) as permitted by N.J.S.A. 39:2-3.4(c).
understand the Township of Hamilton will use this information for volunteer service purpose
only and not furnish this information to a third-party without my written consent.
,
Further, I agree to immediately report to my station Chief, if my license is suspended, revoked, o
cancelled, or if diagnosed with any disqualifying physical condition, or take medication
prescription or over-the-counter) which may affect my ability to drive a vehicle.
(Please Print) Date