APPLICATION FOR MEMBERSHIP

INSTRUCTIONS: FILL IN ALL QUESTION COMPLETELY, PRINT ALL INFORMATION IN BLUE OR BLACK INK. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND TRUTHFULLY. INCOMPLETE APPLICATION OR ANY MISPRESENTATION IS CAUSE FOR REJECTION. USE THE BACK OF THE FORM IF ADDITIONAL SPACE IS NEEDED.

Applicant Name (Last, First, MI): ____

Sex: M / F SS#(optional) ______________________

Mailing Address ____

Street Address ____

What Municipality do you live in? ___________________________________Twp. / Boro

How far (in miles) do you live from the squad building? ______________________

Telephone Number-Home ___________________________________ Best time to be contacted? _________AM/PM

Telephone Number-Work ___________________________________ Can we contact you at work? Y / N

Alternate Telephone Number (Specify type) ____

Email Address ____

Do you currently hold a valid Driver's License? Y / N

If yes, what state? __________ D.L. # ____

Current point total ____________ Date of last moving violation ________________________

Have you ever been convicted of an indictable offense/crime? Y / N

Do you belong to a volunteer organization? Y / N

If yes, list organization and dates of service:

____From_______________To_______________

Reason for leaving? ____

May we contact the organization as a reference? Y / N

____From_______________To_______________

Reason for leaving? ____

May we contact the organization as a reference? Y / N

____From_______________To______________

Reason for leaving? ____

May we contact the organization as a reference? Y / N

Have you ever been rejected or dismissed from membership from another first aid squad or volunteer organization? Y / N

If yes, explain ____

Are you committed to devoting the time to complete required training? Y / N
Are you committed to attending all required meetings and drills of the squad as well as taking a required twelve hour duty shift and a Saturday shift once every six weeks? Y / N
Do you currently hold any valid first aid or any other specialized training certifications? Y / N

If yes, list with date of expiration
____EXP __________________________
____EXP __________________________
____EXP __________________________
____EXP __________________________

References: Please list three non Related people over the age of eighteen (18) that you known for a period of two years or greater, that we may contact.
Name ____ Telephone # ____
Address ____
How long have you known this person? ______________________ Relationship ________________________________

Name ____ Telephone # ____
Address ____
How long have you known this person? ______________________ Relationship ________________________________

Name ____ Telephone # ____
Address ____
How long have you known this person? ______________________ Relationship ________________________________

Emergency Contact (all applicants):
Name: ______________________________________ Relationship _______________________________________
Telephone Number _____________________________ Alternate Number ___________________________________

Declaration (all applicants):
I, ____ hereby make application for membership to the South Bound Brook First-Aid Squad, Inc. If accepted, I agree to abide by the constitution and the by-laws of the said squad. I understand that falsification of any fact on the application id just cause for immediate refusal of acceptance or dismissal from the squad once such information is made known. I furthermore agree to, by signing below and submitting this application for review, allow the South Bound Brook Police Department to perform a criminal and driving background check on me.

Signature ____ Date ________________________

Applying for (to be completed by Membership Committee):

EMT/Riding Driver Only Non-Riding

Membership Application
Medical Exam

Note to Examining Physician:

This individual has applied for membership to the South Bound-Brook First-Aid Squad. As a member he/she may be exposed to situations, which put high demand s on both body and mind. Emergency Medical Technicians (EMTs) and ambulance drivers are often called upon to lift and transport patients in dangerous /awkward situations – i.e. downstairs, out of auto accidents or just out of bed.

It is important that our service do not cause further injury to our patients, as well as, to our membership.

We ask that you examine this individual with these types of activities in mind and note areas of concern, so we may keep everyone safe, healthy and injury free.

Membership Application - Medical Exam

This document is to be filled out and signed by a licensed physician in the State of New Jersey and to be returned with your membership application. Please ensure this form is filled out in its entirety.

Name:____

Last First Middle Initial

Age: __________ Height: _________ Weight:__________ Corrected Eye Sight: _______lt_______rt

Hearing: _________________ BP:_______________ Pulse: _______________ Resp________________

Does the applicant have any apparent disabilities with? Please explain any items checked/

___Heart

____

___Lungs

____

___Joints

____

___Feet/Legs

____

___Hands/Arms

____

___Spine

____

___Hernia

____

Has the applicant ever suffered from any injury? Yes____ No____ If yes, when and what please explain

____
____
____
____

Remarks:

____
____
____
____

I herby certify that, as a practicing physician in the State of New Jersey, the applicant is free from any acute or chronic disease and has no physical defects that will inhibit their ability to perform the duties of an Emergency Medical Technician or an ambulance driver.

Doctor's Name ____(print name)

Office Address
____

Phone Number ______________________________ Date examined
____

Doctor's signature ____

Rejection based on:
____

____
____