

HARDYSTON TWP. FIRST AID SQUAD
P.O. Box 789, Stockholm, New Jersey 07460

Membership Application for: EMT_____ Driver_____ Cadet_____

Please print clearly

Name_____

Address_____

Home Phone_____ Alternate phone _____

How long at present address_____

If less than 1 yr. at present address please provide previous address below

Social Security Number_____ DOB _____

Occupation_____

Employer_____ Phone_____

Employer Address_____

NJ Driver's License number_____ Exp._____

Are your driving privileges currently revoked in any state? _____

Have you had any motor vehicle accidents or violations within the past four years? _____ If yes, list all _____

Do you have access to a motor vehicle? _____

Have you ever been arrested? _____ If yes, enter details _____

Do you have any medical conditions that might prevent you from full participation in the Hardyston First Aid Squad? _____ If yes, please explain _____

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What hours would you be available for duty? (check one)

Days _____ Nights _____

Have you ever been turned down for or been removed from membership in any volunteer organization? _____ If yes, please explain _____

List all first aid training, experience and past memberships _____

Do you have current CPR certification? _____ Exp. _____

Do you have current NJ EMT-B certification? _____ Exp. _____

If applying for driver status only, do you have current First Responder or First Aid certification? _____ Exp. _____

If you are currently taking classes for certification in CPR, First Responder or EMT-B, when do you expect to complete your training? _____

Please attach front and back copies of current certifications.

Please provide names and addresses for two character references (unrelated to applicant) who have known you for longer than two years.

1. _____

2. _____

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I give the Hardyston Township First Aid Squad permission to perform a background check of my driving record and police record.

Yes _____ No _____

Signature _____ Date _____

I certify that all of the information I have provided is true and correct to the best of my knowledge. I understand that any misleading or false statement or any failure to answer a question will render this application void and will be sufficient cause for immediate dismissal of my membership. I understand this application is not a contract and the Hardyston Township First Aid Squad is under no obligation to accept me as a member.

Also, I agree to abide by the Constitution, By-laws, SOPs and SOGs of the Hardyston Township First Aid Squad should my application be approved and should I be accepted for membership.

Signature _____ Date _____

Do Not Write Below This Line
-----For Hardyston Township First Aid Squad Personnel Use Only-----