

WEST ESSEX FIRST AID SQUAD, Inc.

Application for Membership

Full Name: Last _____ First _____ Middle _____ Today's Date _____

Present Address _____

Length of time there ____yrs ____mths Phone # _____ - _____ - _____ SS# _____ - _____ - _____

Last Previous Address _____ How Long _____

Birth Place _____

Age _____ Height _____ Weight _____ Blood Type _____ Birth Date ____/____/____

Present Employer _____ Occupation _____ How Long at Job _____

Address of Employer _____

Business Phone _____ - _____ - _____ Work Hours _____

Any Physical Limitations Regarding **lifting**. If yes, please explain in detail* _____

Any History of Medical Illnesses. If yes, please explain in detail* and also list medications being taken for illness.

Any Mental Illnesses Past or Current. If yes, please explain and list in detail* mental status and medications taken(ing).

Have you ever been Arrested or Held for Investigation for any reason. If yes, please describe in detail.*

Do you have a valid Drivers License? Yes No State of Issue _____ Points _____

How long have you been a Licensed Driver? ____ yrs ____ mths

Drivers License Number _____

Do you have a car available? Yes No If yes, Make of Car _____ Plate # _____

Have you ever had First Aid training? Yes No Where _____

Do you have a current First Aid Card? Yes No Current CPR card? Yes No

Are you able to attend regularly scheduled drills? Yes No

In Case of an Emergency please Notify Name: _____

Phone # _____ - _____ - _____ . Relationship _____

Address of above person _____

Personal References (list 3 persons you have known at least 3 years, NO RELATIVES)

NAME: (please print)	ADDRESS	YEARS KNOWN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I DO SOLEMNLY SWEAR THAT THE INFORMATION GIVEN ABOVE IS TRUE AND THAT ANY FALSIFICATION WILL BE GROUNDS FOR MY IMMEDIATE DISMISSAL FROM THE WEST ESSEX FIRST AID SQUAD INC.

Signature of Applicant _____ Date _____

Membership Committee Witnesses 1. _____

2. _____

*Attach separate page if needed.

I understand that Associate/Junior Membership is a probationary period of a minimum of six months, during which time I must demonstrate my ability to carry out the requirements of the West Essex First Aid Squad, Inc.

Applicant's Signature _____
(as usually written)

OATH

I, _____, do hereby apply for membership in the West Essex First Aid Squad, Inc. If accepted, I agree to abide by the rules and regulations of the Squad. I also agree, upon induction into membership, to take the following oath:

"I, _____, do solemnly swear or affirm that I shall live up to the ideals and traditions of the West Essex First Aid Squad, Inc. I agree to respond to all calls whenever possible; to regularly attend meetings and drills; to assist in the orderly maintenance of the property of the corporation; to refrain from discussing with non-members intimate details connected with work of the Corporation; to expect no financial compensation for anything done toward carrying out our purpose as outlined in the Constitution; and upon retiring from membership, to return to the Corporation any property belonging thereto or to the New Jersey State First Aid Council."

APPLICANT'S SIGNATURE _____

DATE _____

DO NOT WRITE BELOW THIS LINE

REPORT OF MEMBERSHIP COMMITTEE

INTERVIEWED BY _____

DATE _____

COMMENTS _____

We certify that this applicant has been interviewed, investigated and references checked, and that he/she fulfills the necessary requirements to become an Associate/Junior Member of the West Essex First Aid Squad, Inc.

_____ Chairman

_____ Dated

WEST ESSEX FIRST AID SQUAD, INC.
PO BOX 662, WEST CALDWELL, NJ 07007-0662

Membership Application -- Supplemental Information

ADDITIONAL CONTACT INFORMATION	NAME	PREFERRED NICKNAME, IF ANY
	E-MAIL ADDRESS	ALTERNATE E-MAIL ADDRESS
	CELL PHONE	ALTERNATE CELL PHONE
	PAGER	FAX

TRAINING INFORMATION	ARE YOU ABLE TO ATTEND NEW MEMBER TRAINING CLASSES ON WEEK NIGHTS (2 - 3 HOURS EACH)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHICH NIGHTS WOULD YOU BE ABLE TO ATTEND? <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI
	ARE YOU ABLE TO ATTEND FIRST AID AND CPR/AED TRAINING ON SATURDAY OR SUNDAY (4 - 8 HOURS)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHICH DAYS WOULD YOU BE ABLE TO ATTEND? <input type="checkbox"/> SAT <input type="checkbox"/> SUN
	AFTER NEW MEMBER CLASSES, ARE YOU ABLE TO RIDE WITH A WEEK NIGHT CREW FOR FURTHER TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHICH NIGHTS WOULD YOU BE ABLE TO RIDE? <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI

PRIOR EXPERIENCE AND TRAINING	HAVE YOU EVER COMPLETED ANY OF THE FOLLOWING TRAINING (SEE NOTE BELOW)? <input type="checkbox"/> EMT <input type="checkbox"/> CPR <input type="checkbox"/> FIRST RESPONDER <input type="checkbox"/> FIRST AID	IF YES, WHICH TRAINING IS CURRENT (NOT EXPIRED)? <input type="checkbox"/> EMT <input type="checkbox"/> CPR <input type="checkbox"/> FIRST RESPONDER <input type="checkbox"/> FIRST AID
	DO YOU HAVE ANY EXPERIENCE RIDING AN AMBULANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE AND HOW MANY YEARS?
	HAVE YOU EVER BEEN A MEMBER OF A SQUAD BELONGING TO THE NEW JERSEY STATE FIRST AID COUNCIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST SQUAD AND YEARS OF MEMBERSHIP?

ACCEPTABLE CPR TRAINING MUST BE AT A PROFESSIONAL LEVEL, I.E. "PROFESSIONAL RESCUER" OR "HEALTHCARE PROFESSIONAL"