



WEST ESSEX FIRST AID SQUAD, Inc.

PO BOX 662, WEST CALDWELL, NJ 07007-0662

MEMBERSHIP APPLICATION REFERENCE FORM

Name of Applicant: _____

Please rate the applicant in the following areas. Please mark n/a (not applicable) for any items for which you have no basis of judgment.

	Always	Usually	Sometimes	Never		Always	Usually	Sometimes	Never
Accepts Responsibility					Is an Objective Problem Solver				
Shows Initiative					Is Flexible				
Exhibits Resourcefulness					Is Friendly				
Shows Willingness to Learn					Can Accept Constructive Criticism				
Is Conscientious					Is Emotionally Stable				
Is Cooperative					Has Ability to Handle Stress				
Has a sense of Teamwork					Has Physical Stamina				
Shows Leadership Ability					Has Interest in Helping Others				
Appreciates Diversity					Exhibits Integrity and Honesty				

How long have you known the applicant? _____

How well do you know the applicant? _____

Do you feel the applicant is a good candidate for community service work as an Emergency Medical Technician? _____

If necessary, please explain: _____

Comment briefly on your feelings about the applicant's character: _____

I recommend this applicant: HEARTILY WITH RESERVATION NOT AT ALL

Additional Comments: _____

Signature: _____ Date: _____