

## **WARETOWN FIRST AID SQUAD, INC.**

**P.O. Box 428**

**Waretown, NJ 08758**

**(609) 693-3699**

**(609) 693-5970 FAX**

[www.waretownfirstaid.com](http://www.waretownfirstaid.com)

[info@waretownfirstaid.com](mailto:info@waretownfirstaid.com)

Thank you for your interest in volunteering with the Waretown First Aid Squad. The first step in obtaining membership is to take the time to fill out this application, in its entirety. Upon completing this application, you may call us and set up a time to meet and hand in the application, or you may place it in our drop box. The drop box is located on the side door next to our ambulance bay doors. We do ask that if you decide to use the drop box, that you would please call and inform us that it has been completed and turned in. If at any time you call us and there is no one available to answer, please leave a message and someone will get back to you.

You will find a Physical Examination form attached to this application. This form WILL NOT need to be completed until after a meeting between the applicant and our Membership Committee has taken place. During the meeting with the Membership Committee, further instructions will be given in regards to the required physical, background check and all other requirements necessary for joining the Waretown First Aid Squad.

We look forward to hearing from you soon.

Waretown First Aid Squad 42



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## APPLICATION FOR MEMBERSHIP

REFERRED BY (if applicable, List only ONE name):

APPLICANT NAME:		CITY:	
ADDRESS:		ZIP:	
STATE:	ZIP:	HOW LONG AT THIS ADDRESS:	
CELL PHONE #			
HOME TELEPHONE#		CELL PHONE #	
EMAIL ADDRESS:			
PREFERRED CONTACT METHOD:		BEST TIME TO CONTACT YOU:	
BIRTH PLACE:			
DATE OF BIRTH:	BIRTH PLACE:		
ARE YOU EMPLOYED?	SUPERVISOR NAME:		
OCCUPATION AND POSITION:			
PRESENT OR LAST EMPLOYER:			
ADDRESS:		CITY:	ZIP
STATE:	EXT:	HOW LONG WITH THIS EMPLOYER?	
SUPERVISOR TELEPHONE NUMBER:			EXT:
FOR HOW LONG:			
DO YOU HAVE A VALID NJ DRIVERS LICENSE?		FOR HOW LONG:	
DO YOU DRIVE A CAR?		FOR HOW LONG:	
DO YOU DRIVE A TRUCK?		EXP:	
NJ DRIVERS LICENSE NUMBER:			
ANY ACCIDENTS IN THE LAST (3) YEARS:		TOTAL PTS AGAINST LICENSE:	
HAS YOUR LICENSE EVER BEEN SUSPENDED?		TOTAL PTS AGAINST LICENSE:	
HAVE YOU EVER BEEN CONVICTED FOR VIOLATIONS OF ANY LAW OR ORDINANCE? -			
PLEASE EXPLAIN (INCLUDE TRAFFIC VIOLATIONS):			
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**MEMBERSHIP APPLICATION**  
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HAVE YOU EVER COMPLETED A FIRST AID, CPR OR EMT COURSE?	
PLEASE LIST ANY COURSES, CARDS OR CERTIFICATIONS YOU HAVE CURRENT OR HAD PREVIOUSLY:	
COURSE/CARD/CERT:	EXPIRATION DATE:
COURSE/CARD/CERT:	EXPIRATION DATE:
COURSE/CARD/CERT:	EXPIRATION DATE:

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRST AID SQUAD?	
SQUAD NAME:	ARE YOU STILL A MEMBER?
REASON FOR LEAVING PREVIOUS SQUAD:	

WHEN ARE YOU AVAILABLE FOR SQUAD ACTIVITIES (LIST DAYS AND TIMES)?
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LIST TWO REFERENCES (OTHER THAN FAMILY)		
NAME:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP:

NAME:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP:

**APPLICANT'S DECLARATION**

If acceptance to the Waretown First Aid Squad, Inc. is obtained under this application, I agree to comply with all orders, rules and regulations of the squad. I understand that I am required to undergo fingerprinting and a background check, which will include driver's license status.

The answers to this application are true to the best of my knowledge and belief. It is understood that any false statements on this application will be cause for rejection or dismissal

SIGNATURE:	DATE:
PRINT:	

IF APPLICANT IS UNDER THE AGE OF 18 YEARS, A SEPARATE "CADET" APPLICATION WILL NEED TO BE COMPLETED IN LIEU OF THIS APPLICATION

# PHYSICAL EXAMINATION

## PAST MEDICAL HISTORY

Heart:		
Tuberculosis:		
Kidney:		
Other:		
Habits		

## PHYSICAL FINDINGS

Hernia:
Vision:
Hearing:
Throat:
Nose:
Neck:
Heart:
Blood Pressure:
Abdomen:
Venereal:
Extremities:
Laboratory:

Recommendations

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Physician Signature Date

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Physician Printed Name Address

Date of Examination: \_\_\_\_\_

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Applicant Name Applicant Address