



HIGHLANDS FIRST AID SQUAD, INC.

32-34 VALLEY STREET
 P.O. BOX 173
 HIGHLANDS, NJ 07732

MEMBERSHIP APPLICATION

CONTACT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	NICK NAME
PHYSICAL ADDRESS			TOWN
MAILING ADDRESS			TOWN
HOME TELEPHONE		WORK TELEPHONE	
CELLULAR TELEPHONE		E-MAIL ADDRESS	

If you have lived at your current address for less than three years, please list your previous address.

PHYSICAL ADDRESS	TOWN	STATE
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IDENTIFYING INFORMATION

DATE OF BIRTH / /	HEIGHT	WEIGHT	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SOCIAL SECURITY # - - - - -	DRIVERS LICENSE #	STATE OF ISSUE	

BACKGROUND INFORMATION

1. Has your driving privileges ever been revoked or suspended?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you had any accidents in the past three years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you have any points on your Driver's License at this time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered yes to any of the above questions please provide an explanation below.

5. Do you have any disability that might prevent you from fulfilling the duties of a Squad member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you had a physical exam within the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, do you give the Squad permission to refer to your doctor with regard to your physical condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever had any first aid or medical experience?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever belonged to a first aid or rescue squad before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what squad(s) and when?	
Why did you leave?	
9. What prompted you to apply for membership on the Squad?	
10. Are you currently attending secondary school? If yes, what grade? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are you capable of reporting for a duty crew assignment at least one evening a week?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATIONS

1. Do you have a current CPR card?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you have a current Standard First Aid or First Responder card?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you have a current EMT card?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered yes to any of the above questions please attach copies. If you are not yet certified, the Squad will help you get certified once your membership application is accepted.

REFERENCES

Please list the name and addresses of three character references other than relatives. If possible please list local people.

1.
2.
3.

Do you already know one or more Squad members? If yes, then please list them below.

EMPLOYER INFORMATION

PRESENT EMPLOYER:	
ADDRESS:	
DATE: FROM:	TO: POSITION HELD:
IMMEDIATE SUPERVISOR:	
REMARKS:	

If employed by current employer less than one year:

PREVIOUS EMPLOYER:	
ADDRESS:	
DATE: FROM:	TO: POSITION HELD:
IMMEDIATE SUPERVISOR:	
REMARKS:	

AGREEMENT

If acceptance is obtained under this application, I agree to comply with all orders, rules and regulations of the Highlands First Aid Squad. The answers to the foregoing are true to the best of my knowledge and belief and that the signature below is my own and in my handwriting. It is understood that any false statement on this application is sufficient cause for rejection or dismissal.

CONSENT AND AUTHORIZATION

The Highlands First Aid Squad, Inc. ("the Squad") reserves the right to verify, through lawful sources, the information provided by the applicant, including the substantiation of any statements concerning the applicant's previous criminal record or background, if any.

The applicant, in submitting his or her application, is expressly aware of such procedure and hereby consents to and authorizes the Squad, it's agents and officers, to verify by the appropriate means any information furnished by the applicant to be a volunteer on the Squad.

SIGNATURE:	DATE:
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CONSENT OF PARENT OR LEGAL GUARDIAN

To be completed if applicant is under 18 years of age

I hereby give my consent for the applicant named above to join the Highlands First Aid Squad.

SIGNATURE:	DATE:
PRINT NAME:	RELATIONSHIP:

Please print, sign and return application to:
 Membership Committee
 Highlands First Aid Squad
 32-34 Valley Street
 P.O. Box 173
 Highlands, New Jersey 07732