



**Highlands First Aid Squad
Membership Application
Submission Instructions**

By Mail

Mail completed membership applications to:

Highlands First Aid Squad

P.O. Box 173

Highlands, NJ 07732

By E-mail

For faster response (within 24 hours), complete membership application, save it to your computer as a PDF file and send it as an attachment via e-mail to:

[E-Mail: highlands1staid@comcast.net](mailto:highlands1staid@comcast.net)

In Person

If you wish to submit the membership application in person, call TEL: (732) 291-5414. Leave your name and phone number and a Squad representative will call you within 24 hours to set up an appointment.



Highlands First Aid Squad Membership Application



Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Apt. or Unit Number: _____

City: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ E-mail Address: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Driver License Number: _____

State of Issue: _____ Expiration Date: _____

Do you wear corrective Lenses? Yes/No

Do you need Corrective lenses to drive a motor vehicle? Yes/No

Name of person to contact in case of emergency: _____

Address: _____

Telephone Number: _____

Have you ever been arrested? Yes/No If yes, Date and charges:

Were you found guilty? Yes/No

Have you ever been a member of any Volunteer First Aid Squad or Fire Dept.? Yes/No

If yes to the above question where and what dates: _____



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Are you currently certified in CPR? Yes/No If yes, at what level: _____

Are you currently an Emergency Medical Technician (EMT)? Yes/No If yes, at what level: _____

Have you ever completed an emergency vehicle operator course? Yes/No If yes, when? _____

List any other medical training that you have received:

Briefly explain why you are interested in joining the Highlands First Aid Squad:

I _____, hereby make application for membership to the Highlands First Aid Squad. I agree that if I am accepted I will agree to abide by the constitution and bylaws of the Highlands First Aid Squad. I understand if I am accepted I will become a associate member on probation for the period of one year at which time be voted on for acceptance or denial of regular membership based on my abilities. I understand any falsification on this application is just cause for immediate dismissal. I also acknowledge that I will be expected to obtain a physical evaluation by a licensed New Jersey State physician on a physical test record form (supplied by the Highlands First Aid Squad) and authorize a criminal background check as law stated in Borough of Highlands Ordinance statue 2-24.3.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Date Rec.: _____ Date Contacted: _____ How Contacted: _____

Date Interviewed: _____ Person Conducting Interview: _____

Background Check: _____

Date of First Reading: _____ Date of Second Reading: _____

Accepted? Yes / No If No, state the reason why:
