



ROSELAND VOLUNTEER FIRST AID SQUAD, INC.

POST OFFICE BOX 14
Business (973)226-6062

ROSELAND, N.J. 07068
Emergency 9-1-1

Application for Membership

PERSONAL:

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

DOB: ____/____/____ Years at current address: ____ Years in state: ____

Place of Birth: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____

Date License Issued: ____/____/____ Date License Expires: ____/____/____

Total points against your license: ____ Has your license ever been suspended: ____

Have you had any accidents in the past four years: _____

Have you ever driven a truck or ambulance before: _____

Have you ever been bonded: _____ Have you ever refused bond: _____

Have you ever been convicted of a crime before: _____

If yes, explain: _____

Have you ever been summoned for any violations, including traffic violations: _____

EDUCATION:

TYPE	NAMD AND LOCATION	YEARS ATTENDED	COURSE OF STUDY
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
OTHER/TRADE			

In school now: _____ Course of study: _____ Where: _____

Further education or training required: _____

Do you have any special qualifications or technical training: _____

Do you have any hobbies or special interests: _____

EMPLOYMENT:

Are you currently employed: _____ Occupation: _____

Present or past employer: _____

Address: _____ Phone: (_____) _____ - _____

Immediate Supervisor: _____ Dates: _____ to _____

Past employer: _____ Occupation: _____

Address: _____ Phone: (_____) _____ - _____

Immediate Supervisor: _____ Dates: _____ to _____

Past employer: _____ Occupation: _____

Address: _____ Phone: (_____) _____ - _____

Immediate Supervisor: _____ Dates: _____ to _____

SQUAD:

Do you have any training related to the medical field: _____ If so, list below:

CERTIFICATION TYPE/NUMBER	EXPIRES	LOCATION OF TRAINING

When are you available for squad duty and activities:

_____ Sun _____ Mon _____ Tues _____ Wed _____ Fri _____ Sat

Daytime: _____ Evening/Night Time: _____

List other organizations you belong to: _____

List a minimum of three reference other than relatives:

NAME	ADDRESS	PHONE	OCCUPATION

Have you ever been a member of a first aid or rescue squad before: _____

If yes, which one: _____

Have you ever been denied membership or terminated from an organization: _____

If yes, please describe circumstances: _____

PERSONAL AND PHYSICAL INFORMATION:

Age: _____ Height: _____ Weight: _____ Marital Status: _____

Do you have any psychological or physical disabilities: _____

Do you have any recurring back pain: _____

Do you use alcohol on a regular basis: _____

Do you use narcotics or drugs: _____

APPLICANT'S DECLARATION

If acceptance is obtained under this application, I agree to comply with the orders, rules and regulations, and the Standard Operating Procedures (SOP) of this organization. I further agree to submit to physical examination. The answers to the foregoing are in my handwriting and are true to the best of my knowledge and belief. It is understood that any false statement of this application is sufficient ground for rejection or dismissal.

Signature: _____

Date: _____

LINE OFFICER USE ONLY

Application received date: _____/_____/_____

First Interview date: _____/_____/_____

Police recommendation received date: _____/_____/_____

Second interview date: _____/_____/_____

Coordinator comments: _____

Signature: _____

Captain comments: _____

Signature: _____

1st Lieutenant comments: _____

Signature: _____

Date of Probation: _____/_____/_____

Date of Active Membership: _____/_____/_____

Five Year: _____/_____/_____

Ten Year: _____/_____/_____