

Colts Neck First Aid Squad, Inc. Membership Application

Name					Spouse			
Give any other names you have been known by and the reason why.								
Address					Social Security #			
City					Zip Code			
Home Phone			Mobile Phone			Work Phone		
Email					Date Of Birth			
How long have you been at this Address?			How Long Have you lived in this State?			Place of Birth		
Prior Addresses going back 10 Years	From	To	Address		State	College Address		
						Emergency Contact		
						Name	Relationship	
						Address		
						Contact telephone		
Drivers License								
State					Expiration Date			
Number					Points			
Have you ever had your license suspended?	YES	NO	If YES, Please give reason.					
Education and Work								
Occupation								
Are you currently a full time student?	Yes	No	Where are you Studying?					
Proposed Graduation Date?								
Times Available For First Aid Duties								
Have you ever been arrested or convicted of violating any law or ordinance in any state?					YES NO	If Yes, please explain:		
Have you ever been suspended or terminated from any other Squad or Fire Department?	NO	YES	Please give Names, Dates and Reasons why.					
First Aid Training					Expiration Date	Identification #		
CPR	No	Yes						
First Responder	No	Yes						
EMT	No	A	B	I				
Other, Describe:								
Squad Sponsor								
<p>I certify that the information I provided in this application is true and complete. I understand that providing false or incomplete information to the Squad could result in refusal of membership or dismissal from the Squad. I understand that the Squad may obtain information about my character, general reputation, and responsibility in order to evaluate me for prospective membership. I hereby authorize the Squad to make inquiries of references or other associates, and to verify my DMV record at any time. I acknowledge and accept the conditions noted on the reverse.</p>								
Signature					Date			

Please attach two (2) letters of recommendation from persons other than Squad members or relatives. Please include current telephone numbers, so the references can be verified. Also please attach copies of all First Aid training certifications noted above.

Report of the Membership Committee	

Membership Committee Recommendation			
Accept	Deny	Chair Signature	Date

Membership Application Status			
Accept	Deny	Mentor	Squad ID
President's Signature		Date	

Equipment Assigned		
Item	Serial Number	Condition