

Boro of Totowa First Aid Squad

Volunteer Membership Application

Personal Information

Last Name	First Name	Middle Name/Initial	Suffix (Sr., Jr.)	
Street	Bldg./Apt.	City/Town	State	Zip Code
Home Telephone #	Cell Phone #	E-mail Address	SSN	

DOB

Certifications & Training

<input type="checkbox"/> AHA Healthcare Provider	<input type="checkbox"/> NJ EMT-P	<input type="checkbox"/> First Responder
<input type="checkbox"/> NJ EMT-B	<input type="checkbox"/> CEVO	<input type="checkbox"/> Other State EMT Cert _____

Additional Certifications/Licensures (includes RN, Instructor, PHTLS, HazMat, etc.)

Education

	Institution Name	Location	Dates of Attendance	Degree
High School or Equivalent (GED)				
Technical/Business				
College				
Graduate School				
Specialized Medical or EMS-related				

Military Service

Branch of Military	Date Entered	Date Discharged	Current or Last Rank
Specialization/Duties/Training			

Work Experience

Current/Most Recent Employer	Date(s) of Employment	Position/Title
Address of Employer		Supervisor
Brief Description of Duties		

Volunteer First Aid Squad Memberships

List all current and past volunteer First Aid/Rescue/EMS Squad Memberships and reasons for leaving

Driving Record

Driver's License Number	State	Expiration Date	Number of Points
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Has your license ever been suspended or revoked? YES NO

If YES, please explain

Criminal Record

Have you ever been convicted of a crime(s) or are currently under indictment? YES NO

If YES, list the crime(s) plus indictment for which you were convicted

NOTE: Conviction of a crime is not an automatic bar to membership and all circumstances will be considered. All applicants are subject to criminal record background check under N.J. State Law.

References

Please list three (3) references who are over eighteen (18) years of age, have known you for more than two (2) years and can objectively comment on your abilities and/or interests in emergency medicine. These may include supervisors, teachers, friends, co-workers, etc., but not relatives

Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
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I certify that the information contained in this application is accurate to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Totowa First Aid Squad policy and NJ State Law. I authorize the references listed and other persons and organizations so named to give you any and all information concerning my previous employment and/or membership they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. In consideration of my membership, I agree to conform to the Constitution and By-Laws, rules and regulations, Standard Operating Procedures, and written directives of the Totowa First Aid Squad. I understand that my membership can be terminated in accordance with these policies.

I understand that the Totowa First Aid Squad had the right to include testing for alcohol and/or illegal drug use.

I further understand that membership is contingent on successful completion of a criminal background check performed at the request of the Totowa First Aid Squad, in accordance with N.J. State Law.

I authorize investigation of all statements in this application. I understand that misrepresenting or omitting information is cause for rejection of this application or dismissal from squad membership.

Applicant Signature

Date

DO NOT WRITE BELOW THIS LINE

Application Checklist:

- Application Returned and Completed
- Background Check Completed
- Certifications Submitted
- Reference Check Completed
- Interview Completed

Date Accepted _____
 Date Rejected _____ (write reason below)
 Assigned Duty Shift _____

Notes:

