



MINE HILL FIRST AID SQUAD
 10 BAKER STREET
 MINE HILL, NJ 07803



APPLICATION FOR MEMBERSHIP

Agreement:

I hereby submit this application for consideration to the Mine Hill First Aid Squad. I agree to be governed by its bylaws and to perform the training and the duties required. I agree to background check and verification of my driver's license. I understand that findings could determine membership.

I understand that upon acceptance of becoming a full member, there is a minimum six-month probation period. This period begins after the specific certifications have been completed (EMT/Emergency Response/Driver).

I understand that I must submit a copy of my certifications to the Secretary as they are renewed.

I agree to return all equipment upon my termination/resignation of the Mine Hill First Aid Squad. This includes pager, First Aid Kit, Blue Light, and all clothing that has been issued to me.

I certify that, to the best of my knowledge, the information contained in this application is true and accurate. I understand that false or misleading information given in my application or interview (s) may result in discharge. The Membership Committee has my permission to verify the information submitted here.

Signature: _____ Date: _____

Mine Hill First Aid Squad Only:

Application Received: _____

Application reviewed by Board of Trustees: _____

Interview Scheduled for: _____

Background Check/Motor Vehicle Check ordered: _____

Application approved: _____



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General Information:

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Social Security No: _____ Birth Date: _____ Age: _____

Drivers License Number: _____ State: _____

Is your diving privilege now or has it ever been revoked or suspended? Yes No (circle one)

Employer: _____

Employers' Address: _____

Immediate Supervisor: _____ Phone: _____

Email Address: _____

Listed any foreign languages spoken: _____

Are you a U S citizen: Yes No

Are you a legal alien? (if not a USA Citizen) Yes No

Circle highest grade completed: 9 10 11 12

Circle number of years post high school education 1 2 3 4 5+

If you did not complete high school, do you have a high school equivalency diploma? Yes No

High School attended: _____

College attended: _____ Major: _____

Have you ever been arrested? Yes No Have you ever been convicted of a felony? Yes No

If yes, explain: _____



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Experience:

Have you previously been, or are you a current member of any other First Aid Squad or Fire Department? Yes: _____ No: _____

If you answered yes to the above question, please list all related memberships:

Squad / Dept Name	Captain / Chief Name	Squad/Dept Phone Number	Member Since	Current Member?

Do you have any of the following training:

_____ EMT-B _____ Professional CPR _____ First Responder _____ Paramedic _____ Nurse
_____ Basic First Aid

I am interested in being a Driver Only:

Have you ever driven an ambulance or fire truck? Yes No

Have you ever taken a Defensive Driving Course? Yes No If yes, when? _____

Would you object to taking a Defensive Driving Course? Yes No

Do you or have you ever had a Commercial Driver's License? Yes No

All drivers will be required to have a current professional CPR Card, would you object to taking the class? Yes No

Or, I am interested in being an Auxiliary member: Yes _____ No _____

Such as helping with (check all that may apply):

- _____ Monthly cleaning of Ambulances
- _____ Washing Ambulances
- _____ Maintaining squad bays
- _____ Clerical work
- _____ Public relations
- _____ Advertising
- _____ Other _____



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Please list two (2) references who are not relatives or members of the Mine Hill First Aid Squad. By listing them here, you authorize the Membership Committee to contact them.

Personal Reference:

Name: _____

Address: _____

Relationship: _____ Years Known: _____

Home Phone: _____ Cell Phone: _____



Name: _____

Address: _____

Relationship: _____ Years Known: _____

Home Phone: _____ Cell Phone: _____

Professional Reference:

Name: _____

Address: _____

Relationship: _____ Years Known: _____

Home Phone: _____ Cell Phone: _____



Name: _____

Address: _____

Relationship: _____ Years Known: _____

Home Phone: _____ Cell Phone: _____



Mine Hill Township First Aid Squad Application Waiver and Consent

I, _____

Residing at: _____

DOB: _____ SS#: _____

I am hereby submitting my application for membership in the Mine Hill First Aid Squad. I hereby waive any right to privacy I may have and hereby consent to, and authorize, the Mine Hill First Aid Squad and/or its officers or agents to conduct an investigation of my background to determine if I am of good moral character and that I have not been convicted of any criminal offense involving moral turpitude. The waiver granted herein, extends to all governmental agencies utilized in the investigation, including but not limited to the Mine Hill Township and the Borough of Wharton.

I hereby authorize the Mine Hill First Aid Squad and the Wharton Police Department to apply for, request and obtain any relevant information from any local, state or federal law enforcement agency including another state, county or municipality.

I hereby consent to being fingerprinted for the purposes of such investigation.

Print Full Name: _____

Signature: _____

Sworn before me this _____ day of _____, 20 _____

Notary Public