

Springfield (NJ) Volunteer First Aid Squad

Membership Application

If interested in membership on the Springfield First Aid Squad, please complete the form below, print and sign it and then mail to the Squad at the address below. Membership is open to those age 16 and over, able to perform the duties of a member and whom live or work in Springfield or an adjoining town. No prior experience is needed as the Squad will provide the training you need if your application is accepted.

Contact information

Name	<input type="text"/>		
Home Address	<input type="text"/>		
	<input type="text"/>		
Telephone Number	<input type="text"/>	E-mail Address	<input type="text"/>
Employer	<input type="text"/>		
Occupation	<input type="text"/>		
<i>If you have lived in your current home for less than three years, please list your previous address.</i>			
Previous Address	<input type="text"/>		
	<input type="text"/>		
<i>If you prefer to receive mail at a different address, please list that address.</i>			
Mailing Address	<input type="text"/>		
	<input type="text"/>		

Identifying information

Date of Birth	<input type="text"/>	<input type="text"/>	,	<input type="text"/>			
Height	<input type="text"/>	feet,	<input type="text"/>	inches	Weight	<input type="text"/>	lbs.
Social Security Number	<input type="text"/>	Gender	<input type="radio"/>	Male	<input type="radio"/>	Female	
Driver's License Number	<input type="text"/>	State of Issue	<input type="text"/>				

Background information

Have your driving priviledges ever been revoked?	<input type="radio"/>	Yes	<input type="radio"/>	No
If yes, please explain:	<input type="text"/>			
Have you had any accidents in the past three years?	<input type="radio"/>	Yes	<input type="radio"/>	No
If yes, please explain:	<input type="text"/>			

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Do you have any disability which might prevent you from fulfilling the duties of a Squad member? Yes No

If yes, please explain:

Do you grant the Squad permission to refer to your doctor with regard to your physical condition? Yes No N/A

If yes, name & address:

If you do not have a personal physician, do you agree to a physical exam by a Springfield First Aid Squad physician at no cost to you? Yes No N/A

Do you grant the Squad physician permission to provide information on your physical condition to the Springfield First Aid Squad? Yes No N/A

Have you ever had any first aid or medical experience? Yes No

If yes, please explain:

Have you ever belonged to a first aid or rescue squad before? Yes No

If yes, what squad(s), when and why did you leave?

What prompted you to apply for membership on the Squad?

Certifications

Do you have a current CPR card? Yes No

Do you have a current Standard First Aid or First Responder card? Yes No

Do you have a current EMT card? Yes No

If yes to any of the above, please attach copies. If you are not yet certified, the Squad will help you get certified once your membership application is accepted.

References

Please list the name and addresses of three personal references; list local people, if possible.

Do you already know one or more Squad members? Yes No

If yes, whom?

Agreement

If acceptance is obtained under this application, I agree to comply with all orders, rules and regulations of the Springfield First Aid Squad. The answers to the foregoing are true to the best of my knowledge and belief and that the signature below is my own and in my handwriting. It is understood that any false statement on this application is sufficient cause for rejection or dismissal.

Consent and authorization

The Springfield First Aid Squad, Inc. ("the Squad") reserves the right to verify, through lawful sources, the information provided by the applicant, including the substantiation of any statements concerning the applicant's previous criminal record or background, if any.

The applicant, in submitting his or her application, is expressly aware of such procedure and hereby consents to and authorizes the Squad, it's agents and officers, to verify by the appropriate means any information furnished by the applicant to be a volunteer on the Squad.

(Privacy Act 1974; Public Law 93-579)

Signed

Dated

Consent of Parent or Legal Guardian

To be completed if applicant is under 18 years of age

I hereby give my consent for the applicant named above to join the Springfield First Aid Squad.

Signed

Dated

Name

Relationship

Please print, sign and return application to:

Membership Committee
Springfield First Aid Squad
P.O. Box 247
10 North Trivett Avenue
Springfield, New Jersey 07081-0247

PLEASE DO NOT WRITE IN THIS SPACE	
Police Department	<input type="radio"/> Approved <input type="radio"/> Rejected
By _____	
Membership Committee	<input type="radio"/> Approved <input type="radio"/> Rejected
By _____	
Initial status: <input type="radio"/> Probationary <input type="radio"/> Limited <input type="radio"/> Cadet	