

# Wall Community First Aid Squad, Inc.

P.O. Box 166 Allenwood, NJ 08720

732-528-9477

www.wcfas.org

## Application for Membership

Application for the position(s) of:

Regular EMT

Junior EMT

Driver Only

Active Associate

Non-Active Associate

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_ Social Security Number: \_\_\_\_\_

NJ DL: \_\_\_\_\_ Out of State DL: \_\_\_\_\_

Address: \_\_\_\_\_ Years at the present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_

Previous Address (if any): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Current Training (please indicate dates attained or expire):

CPR: \_\_/\_\_/\_\_ EMT-B: \_\_/\_\_/\_\_ NREMT-B: \_\_/\_\_/\_\_ Paramedic: \_\_/\_\_/\_\_

HAZ-MAT: \_\_/\_\_/\_\_ Ambulance Operation: \_\_/\_\_/\_\_ CEVO: \_\_/\_\_/\_\_

Extrication: \_\_/\_\_/\_\_ PHTLS/BHTLS: \_\_/\_\_/\_\_ NIMS-ICS-700: \_\_/\_\_/\_\_

Incident Command systems: Level: \_\_\_ Date: \_\_/\_\_/\_\_ Firefighter: \_\_/\_\_/\_\_

Any other related training:

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Have you ever been convicted of any criminal offenses or misdemeanors? \_\_\_\_\_

If yes, explain:

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Have you ever been convicted of any traffic offenses? \_\_\_\_\_

If yes, explain (include violation, date and municipality):

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Do you suffer from any medical problems that may hinder you while performing first aid? \_\_\_\_\_

If yes, explain:

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Have you ever been a member of any first aid squad or fire company? \_\_\_\_\_

If yes, please specify the name, time served, and contact information of the first aid squad and/or fire company, along with any titles or positions held:

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Please list two (2) references other than family, former or current employers, with at least two (2) letters of reference:

Name & Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notice to applicants under the age of 18:** Members joining the Wall community First Aid Squad, Inc. under the age of eighteen (18) will perform in the capacity of a junior member. These applicants may respond to certain emergency calls with restrictions. (See Captain's rules pertaining to junior membership status.) The applicant must also have parental/guardian approval prior to being accepted into membership.

**Parents or Guardians:**

I/We (Print) X: \_\_\_\_\_ & X: \_\_\_\_\_

herby have given my/our son/daughter,(Print) \_\_\_\_\_  
permission to volunteer with the Wall Community First Aid Squad, Inc. Involvement will include training drills, riding in apparatus, fundraising, meetings, etc.

X: \_\_\_\_\_ & X: \_\_\_\_\_ / /  
Parent/Guardian Signature(s) Date

**Notice to all applicants:** The facts set forth in my application of membership are true and complete. I understand that if accepted, false information on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, criminal history, driving record or bureaus of your choice.

In making this application for membership, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make written request within a reasonable period of time to receive additionally detailed information about the nature and scope of any such investigative report that is made.

\_\_\_\_\_/ /  
Signature of Applicant Date

Name: \_\_\_\_\_ / /  
Notary Public Date

Commission Expires: \_\_\_\_\_



WALL TOWNSHIP POLICE DEPARTMENT

P.O. Box 1168 / 2700 Alliare Rd. Wall Township, NJ 07719

Phone: (732) 449-4500 ~ Fax: (732) 449-1273 ~ www.wallpolice.org

APPLICATION FOR EMERGENCY SERVICES IDENTIFICATION CARD

Organization Name: \_\_\_\_\_

Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Title: \_\_\_\_\_

Name: (last)\_\_\_\_\_(first)\_\_\_\_\_(mi)\_\_\_\_ Phone:( )\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_, \_\_\_\_\_

SSN#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_\_ Scars/Marks/Tatoo(s) \_\_\_\_\_

Drivers License # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ State: \_\_\_\_\_

Have you ever been arrested? YES -or- NO (circle one) If "YES" Provide Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Charge(s) \_\_\_\_\_ Disposition(s) \_\_\_\_\_ Where? \_\_\_\_\_

~Notice to Applicants~

As indicated above, I have applied for an identification card from the Township of Wall, Monmouth County, New Jersey. I hereby authorize the Wall Township Police Department to check and obtain any criminal history information on my background for the purpose of this application. I also understand that I am subject to criminal prosecution if the background investigation reveals the above information to be false. Also, by my signature I agree to immediately report any lost, stolen, damaged card to the Wall Police Records Division for replacement. And further understand that any unauthorized use of this ID may result in confiscation of the card and may be punishable by law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

=====*Do Not Write Below This Line*=====

The undersigned Agent/Officer of the above listed organization has reviewed the applicant's information and submits this application for your review and approval. I understand that this application may be rejected should any of the above information submitted by the applicant prove to be false or a criminal history is returned.

Organization Agent / Officer (please print) \_\_\_\_\_ TITLE \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ DATED \_\_\_\_\_

Signature \_\_\_\_\_

Approved by Chief of Police \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ DATED \_\_\_\_\_

NJ State Fingerprints Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ FBI Prints Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_ Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wall Township Emergency Services ID Card Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_