



Morris Minute Men
Application for Membership
Letter of Recommendation

Morris Minute Men Emergency Medical Services is a 501(c)(3) non-profit, volunteer organization that responds to 9-1-1 calls to provide emergency medical care to the people residing in, traveling through, and conducting business within the communities of Morris Plains and Morris Township, New Jersey. Our organization operates in highly stressful environments. Our team of Emergency Medical Technicians access the homes and private medical information of our patients, which requires a high level of personal integrity and the ability to cope with physical and mental demands. You have been asked to provide a letter of recommendation for an applicant. Your honest, open evaluation is essential to help us provide our community with competent and reliable care. Please email the completed form to join@morrisminutemen.org.
References **cannot** be from current / past squad members or family members.

What is the full name of the applicant? _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

To your knowledge, has the applicant ever been arrested for/convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

Does the applicant have any physical conditions which might cause difficulty working on an ambulance? ☐ Yes ☐ No

Does the applicant have any mental conditions which might cause difficulty working on an ambulance? ☐ Yes ☐ No

To your knowledge, does the applicant have a past or present history of alcohol or drug abuse? ☐ Yes ☐ No

If you answered "yes" to any of the questions above, please provide a brief explanation at the end of this form. Answering yes to one of these questions will not necessarily disqualify an applicant for membership.

If you were in a position to employ this applicant, would you:

- | | |
|---|---|
| ☐ Employ eagerly | ☐ Employ with satisfaction |
| ☐ Employ with reservations | ☐ Not consider employing |

Please complete the following table comparing the applicant to others in their peer group. Please use the space at the end of this form to elaborate on your selections below:

Attribute	No Basis For Evaluation	Poor	Below Average	Average	Above Average	Outstanding
Character & Personal Integrity						
Emotional balance & Maturity						
Poise & Personal Appearance						
Ability to work with others						
Leadership ability						

Your overall evaluation of this candidate:

- ☐ Recommend without reservation
 ☐ Not recommended for membership
☐ Recommended with the following reservations: _____

Please use the space below to provide additional details about the applicant so we may have a better understanding of your answers to the questions in this form. Please feel free to attach an additional page if necessary.

Signature

Date

Print Name

Title

Email Address

Phone Number