



Application Information

Prospective Applicant:

Thank you for your interest in serving your neighbors by becoming a member of the Morris Minute Men, Emergency Medical Services Squad. Our organization is composed completely of volunteers and we respond to almost 3,000 requests for assistance annually. The men and women of the Morris Minute Men have been proudly serving our community 24 hours a day, 365 days a year since 1941.

APPLICATION INSTRUCTIONS

1. Please read the Application carefully and complete it in its entirety. An Application cannot be processed until it is complete. The following documents must be submitted to our Headquarters at 97 Mill Road in Morris Plains, NJ:

- The "Application for Membership" document
- The "Essential Functions" document
- The "Certification and Authorization for Background Check" document
- Two Letters of Recommendation or two named references submitted on the Application
- FEMA Hazmat Certification

You will turn in your "Application for Membership" document prior to the other documents to begin the process of setting up a tour. The other documents will be handed out at the tour and references turned in when you receive them.

2. Please type or print legibly and ensure you have a valid email address as most, if not all, communication will occur in email.

3. Following review of your completed "Application for Membership", a representative from the Membership Committee will reach out to you and discuss your Application and set up a tour.

4. If you are under 18 years old, your parent/guardian must co-sign your application wherever your signature is required.

5. The "Responsibilities of Membership" document will be handed out at the tour. This does not need to be signed and is only for your reference, but it outlines what would be expected of you as a member of the organization which will be further discussed at the tour.

6. If you should have any questions regarding the application process, please send a message to join@morrisminutemen.org.

Please read each item carefully. If you have any questions, please feel free to email join@morrisminutemen.org. We will be happy to assist you and look forward to meeting with you in the near future.



Morris Minute Men Application for Membership

Please Type or Print

Personal Information

First Name	MI	Last Name	Date of Birth	
Home Address		City	State	Zip
Home Telephone		Cell Phone	Email Address	
High School			Graduation Date	
College		City	State	Zip
Degree		Major	Graduation Date	
Employer		City	State	Zip
Title/Position Held		Supervisor	Supervisor Phone Number	
Driver's License Number		Issuing State	# Years Driving	

Have your driving privileges ever been revoked? Yes No (If yes, please explain.)

Have you ever been convicted of a crime? Yes No (If yes, please explain.)

Citizenship Status: U.S. Citizen Other _____

Indicate times available First Aid Certifications/Licenses

	6am-6pm	6pm-6am	
Monday			
Tuesday			Related Work Experience (first aid/rescue/ambulance squad, fire, law, Military)
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please provide the names of two persons (unrelated to you) for references.

Name			Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Number of Years Known			Number of Years Known		
Telephone			Telephone		

I certify that to the best of my knowledge all information that I have supplied in this application is complete and accurate. I understand that supplying false or misleading information may be grounds for dismissal if I am accepted for membership.

Signature (If under 18 parent/guardian must co-sign.) _____

Date _____



Morris Minute Men Application for Membership Letter of Recommendation

To the Applicant:

Please complete the top of this form and give it to the person providing your recommendation. Two recommendations are required. Recommendations from family members and present squad members are not acceptable. In order to ensure an honest assessment, this form will remain confidential. Your signature below indicates that you waive your rights to view this form.

Print Applicant Name	Applicant Signature	Date
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To the Person Providing this Recommendation:

The above-named applicant has applied to join the Morris Minute Men. We are a volunteer non-profit organization providing emergency medical services to our community. Our organization operates in a highly stressful environment, and our access to the homes and private medical information of our patients requires great personal integrity and the ability to cope with physical and mental demands.

You have been asked to provide a letter of reference for this applicant. Your honest, open evaluation is essential to helping us provide competent care for our community. If you should wish to provide additional information, please contact our Assistant Captain at 973-539-1776 or at join@morrisminutemen.org.

Many thanks for your assistance.

1. For how long have you known this applicant? _____

2. In what capacity have you known the applicant? _____

If you answer "yes" to any of the following questions, please provide a brief explanation on the reverse side of this form. Answering yes to one of these questions will not necessarily disqualify an applicant for membership

3. To your knowledge, has the applicant ever been arrested and/or convicted of a crime, other than a minor traffic violation? Yes No

4. Does the applicant have any physical disability which might cause difficulty working on an ambulance? Yes No

5. Does the applicant have any mental disability which might cause difficulty working on an ambulance? Yes No

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

7. Please complete the following, comparing the applicant to others in their peer group:

Attribute	No basis for evaluation	Poor	Below Average	Average	Above Average	Outstanding
Character and personal integrity						
Emotional balance and maturity						
Poise and personal appearance						
Ability to work with others						
Leadership ability						

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

- employ eagerly
 employ with reservations
 employ with satisfaction
 not consider employing

9. Please use the space below to provide any additional information that you feel is relevant to this candidate's application. Please feel free to attach an additional page if necessary.

10. Please provide an overall evaluation of this candidate:

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

Signature _____ Date _____

Print Name _____ Title _____

Address _____

Telephone _____ Email _____

Office Use Only	
Follow up call date: / /	Notes
Follow up by:	



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- | | |
|---|---|
| <input type="checkbox"/> employ eagerly | <input type="checkbox"/> employ with reservations |
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10. Please provide an overall evaluation of this candidate:

- | | |
|---|---|
| <input type="checkbox"/> Recommended without reservation | <input type="checkbox"/> Not recommended for membership |
| <input type="checkbox"/> Recommended with the following reservations: _____ | |

Signature

Date

Print Name

Title

Address

Telephone

Email

Office Use Only	
Follow up call date: / /	Notes
Follow up by:	