

WATCHUNG RESCUE SQUAD

Application for Membership

Date: _____ Membership Type: Active Driver Cadet

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ E-mail: _____

Date of Birth: _____ SSN: _____ DL: _____

Emg Contact: Name/relationship _____ Emg Phone: _____

Employer: _____ Occupation: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YES, EXPLAIN UNDER REMARKS

Have you ever been a member of another emergency service organization? Yes ___ No ___

Has your driver's license ever been suspended in this or any other state? Yes ___ No ___

Have you been convicted of a felony within the last seven years? Yes ___ No ___

Do you have medical limitations that may prevent you from performing squad duties? Yes ___ No ___

Remarks: _____

DO YOU HAVE ANY OF THE FOLLOWING CERTIFICATIONS?

Cardio-Pulmonary Resuscitation (CPR) Yes ___ No ___ Expires: _____

Basic First Aid/First Responder Yes ___ No ___ Expires: _____

Emergency Medical Technician Yes ___ No ___ Expires: _____

Hazardous Materials Yes ___ No ___ Expires: _____

List other pertinent certifications: _____

What days are you available for calls?

Monday night ___ Friday night ___

Tuesday night ___ Sunday day ___

Wednesday night ___ Sunday night ___

Thursday night ___

What committees would you like to serve on?

Finance ___ Historical ___

Bldg & Grounds ___ Publicity ___

Fundraising ___ Membership ___

Social ___

PLEASE PROVIDE TWO REFERENCES NOT RELATED TO YOU

Personal evaluation forms will be sent to those listed below. The application process will continue upon their return.

1. Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

RELEASE AND CONSENT

If accepted as a member of the Watchung Rescue Squad, I agree to abide by all the rules and regulations set forth by the squad. I further agree that I will not divulge confidential information pertaining to squad calls, patient information, or business affairs of the squad.

I affirm that I do not have any illness, physical or mental disorders that would prevent me from performing the assigned rescue squad duties. If requested, I will supply the names of any treating doctors, hospitals or other medical facilities for medical conditions listed on the reverse side. I will also consent to any random physical examination after the age of 55, by a physician selected by and at the expense of the squad.

I certify that all the information on this application is true and the squad may obtain all pertinent information regarding driving privileges, criminal offenses, and medical information and that a copy of this application may act as a release authorization form. Copies of any records will be retained by the squad and will be kept confidential. The Chairperson of the Membership Committee will return all original records after review.

Signature of applicant: _____ Date: _____

PARENTAL CONSENT FOR CADETS

I hereby consent to allow my son/daughter to participate as a Cadet member of the Watchung Rescue Squad. I am aware that Cadets are not supervised at all times while at the Watchung Rescue Squad building and realize that Cadets are free to come and go at their own will.

Signature of Parent/Guardian: _____ Date: _____