



# Highland Park First Aid Squad



128 South 11th Avenue  
Highland Park, NJ 08904  
www.highlandparkfas.com  
Non-emergency number: 732-985-8960  
**In Any Emergency Dial 9-1-1**

## MEMBERSHIP APPLICATION

### Instructions

Please read all parts of this application carefully. Section instructions and questions are in both regular type and underlined type, and additional information is in *italics*. All fields of the application are required except those which are indicated as being potentially not relevant to the applicant.

The Highland Park First Aid Squad seeks a minimum of a two-year commitment of service from its applicants. Please do not complete this application if you do not intend to work with us for at least this amount of time.

### Identifying Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

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

Previous Address (if at current address for less than a year): \_\_\_\_\_

Number & Street: \_\_\_\_\_

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

### Contact Information

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*All correspondence and updates regarding your application will be conducted via email and will be sent to the email address written here.*

### First Aid Qualifications / Relevant Experiences:

(If applicable) previous EMS agency affiliation: \_\_\_\_\_

(If applicable) reason for leaving previous agency: \_\_\_\_\_

### Driving History

Do you have a driver's license: \_\_\_\_\_

(If applicable), please staple a copy of your driver's license to this application.

Experience driving: \_\_\_\_\_ years                      Number of accidents (last 3 years): \_\_\_\_\_

Number of points against license: \_\_\_\_\_                      Have you ever had your license suspended: \_\_\_\_\_

### Criminal Record

This section should only be filled out by applicants who have graduated high school or, for applicants that did not attend high school, who have attained 18 years of age.

Have you been accepted into a diversionary program, or have you ever committed a crime, disorderly persons offense, or petty disorderly persons offense involving a controlled dangerous substance? If yes, please explain the



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nature of the offense(s), and whether or not you have obtained a waiver for N.J.A.C 8:40-7.1(b)  
If you have had this regulation waived, please staple a copy of this waiver to the back of this application.

*The Highland Park First Aid Squad will uphold this regulation by denying any applicant who meets any of the above criteria who has not had this regulation waived. The Highland Park First Aid Squad reserves the right to conduct a background check on any applicant.*

## Education and Employment

(If applicable) current school: \_\_\_\_\_ degrees being attempted: \_\_\_\_\_

(If applicable) current or, if unemployed, previous employer: \_\_\_\_\_

Company: \_\_\_\_\_ Position held: \_\_\_\_\_

Number & street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ Year range with employer: \_\_\_\_\_

(If applicable) reason for leaving company: \_\_\_\_\_

## References

### Reference 1:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Relation: \_\_\_\_\_

### Reference 2:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Relation: \_\_\_\_\_

*You may not use a family member or relative as a reference. If you are a high school student or under the age of 18, you are only required to have one reference. The Highland Park First Aid Squad will contact the above references to learn more about you.*

## Availability for Duty

This section should only be filled out by applicants who have graduated high school or, for applicants that did not attend high school, who have attained 18 years of age.

Please indicate all the times slots during a given week that you would be available to serve at the Highland Park First Aid Squad.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
6am-2pm							
12pm-8pm							
8pm-6am*							

\* This duty shift starts at night and continues into the morning of the next day.



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## Medical Clearance

*All Highland Park First Aid Squad volunteers must be medically cleared by a physician to perform the tasks regularly conducted by our organization. This includes, but is not limited to:*

- *Lifting and moving patients both with and without the aid of lifting/moving devices.*
- *Patient care techniques consistent with basic life support-level care.*
- *Use of an N95 respirator.*
- *Use of emergency vehicle sirens and lights.*
- *Use of radio communication equipment.*
- *Preparing written and digital patient care reports.*
- *Medium- to high-intensity physical activity.*
- *Confronting high-stress situations.*

Please communicate with your primary care physician your intention of volunteering with our organization and inform them that you will be expected to perform the above tasks. Please ask them to, on an official prescription blank, give a written recommendation on your capability to volunteer with the Highland Park First Aid Squad. Please staple the original copy of this prescription to the back of this application.

## Immunization

*As an emergency medical service, the Highland Park First Aid Squad handles potentially infectious materials regularly. The immunization records of all Squad members are maintained and are utilized in the event of an exposure of a member to potentially infectious materials.*

Please ask your primary care physician for a copy of your immunization record, and please staple it to the back of this application.

## Applicant Declaration

If acceptance is obtained under this application, I agree to comply with all orders, rules, and regulations of the Highland Park First Aid Squad. I affirm that the answers to the foregoing are true to the best of my knowledge and that the signature below is my own and in my handwriting. If I begin volunteering with the Highland Park First Aid Squad, I also agree to submit to a background check . I understand that any false statement on this application is sufficient cause for its rejection or dismissal.

Applicant's name (print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Checklist

Before submitting your completed application, please ensure that each of the following items are stapled to it:

- (If applicable) copy of driver's license.
- Copy of current CPR certification.
- Copy of first aid course certificate or copy of an EMR certification or copy of a NJ EMT certification or copy of a National Registry EMT certification or copy of other NJ DOH-recognized EMT certification.
- (If applicable) copy of waiver for N.J.A.C 8:40-7.1(b).
- Original prescription from physician regarding physical capability to volunteer.
- Copy of immunization record.

Once you have filled out this application completely, printed it, and attached all of the required materials listed above, submit the application and materials together by putting them in the mailbox at the Highland Park First Aid Squad. The mailbox is located next to the two garage doors at the front of the building.

Incomplete applications will not be considered.

**APPLICATION ENDS HERE. DO NOT FILL THIS SECTION OUT.**

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### For office use only.

Date application received: \_\_\_\_\_ Received by (name): \_\_\_\_\_

Date acted on: \_\_\_\_\_ Date approved by membership committee: \_\_\_\_\_

Date of probation: \_\_\_\_\_ Date of regular membership: \_\_\_\_\_

Date retired: \_\_\_\_\_ Date terminated: \_\_\_\_\_

Miscellaneous Comments: \_\_\_\_\_