



Roseland First Aid Squad



Application to Volunteer

Applicant Information

Full Name:

Address:

City, State, ZIP Code:

Phone Number:

Email Address:

Date of Birth:

Social Security #:

Previous Addresses

Address 1:

City, State, ZIP Code:

From:

To:

Address 2:

City, State, ZIP Code:

From:

To:

Driver's License Information

Driver's License Number:

State Issued:

Expiration Date:

Driving History

Have you had any accidents in the past 4 years?:

Has your license ever been suspended?:

Have you ever driven a truck or ambulance before?:

Do you have experience driving an ambulance?:

If yes to any, please provide details:

Education

High School:

Address:

From:

To:

Did you graduate?:

Diploma:

College:

Address:

From:

To:

Did you graduate?:

Degree:

Other:

Address:

From:

To:

Did you graduate?:

Degree:



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Previous Employment

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary:

Ending Salary:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?:

References

Full Name:

Relationship:

Company:

Phone:

Address:

Full Name:

Relationship:

Company:

Phone:

Address:

Criminal History

Have you ever been convicted of a crime?:

If yes, please provide details:

Certifications

EMT #:

Expiration Date:

CPR Expiration Date:

List any special qualifications:

Personal and Physical Information

Age: Height: Weight: Gender: Marital Status:

Do you have any psychological or physical disabilities?:

Do you have any reoccurring back pain?:

Do you use drugs or alcohol on a regular basis?:



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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I agree to comply with the orders, rules and regulations, and the Standard Operating Procedures (SOP) of this organization.

If this application leads to approval, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

For Official Use Only

Interview Date: _____

Approved: _____

Chief: _____

Captain: _____

Start Date: _____