



MEMBERSHIP APPLICATION

Drop off completed application to:

**Barnegat First Aid Squad, Inc.
6 Birdsall Street
Barnegat, New Jersey 08005**

Or mail completed application to:

**Barnegat First Aid Squad, Inc.
Attn: Membership Committee
PO Box 729
Barnegat, NJ 08005**

SUMMARY

Before turning in your application, please make sure that all of the following is completed and/or included:

- All pages of the Application are filled out in its entirety
- Attach copy(ies) of all certification(s) (if applicable)
- Copy of Driver's License (photo must be identifiable)
- Completed Physician's Release Form
- Statement of Understanding Signed

Any questions on the application please call (609) 698-7868.

PERSONAL INFORMATION

FIRST NAME

MIDDLE

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY #

D.O.B. (MM/DD/YYYY)

HOME PHONE NUMBER

CELL PHONE

NEW JERSEY DRIVER'S LICENSE #

EXPIRATION DATE

E-MAIL ADDRESS

EMERGENCY CONTACT INFORMATION

NAME

RELATIONSHIP

PHONE

EMPLOYMENT

PRESENT [OR MOST RECENT EMPLOYER (if unemployed)] PHONE

SUPERVISOR'S NAME

TITLE

REFERENCES

(Must be someone you do not reside with)

NAME AND RELATIONSHIP

PHONE

NAME AND RELATIONSHIP

PHONE

NAME AND RELATIONSHIP

PHONE

CURRENT CERTIFICATIONS

(Fill in all applicable spaces)

❖ **CPR CERTIFICATION**

(Circle the Certification You Possess, if applicable)

AHA HEALTHCARE PROVIDER

RED CROSS PROFESSIONAL RESCUER

NATIONAL SAFETY COUNCIL

CERTIFICATION EXPIRATION DATE

❖ **EMERGENCY MEDICAL TECHNICIAN CERTIFICATION**

(Check the Highest Certification You Possess, if applicable)

EMT-BASIC (NJ-EMT)

EMT-INTERMEDIATE (AEMT)

PARAMEDIC

NEW JERSEY STATE NUMBER

EXPIRATION DATE

NATIONAL REGISTRY NUMBER

EXPIRATION DATE

❖ **ADDITIONAL BLS / ALS CERTIFICATIONS**

(Check all that apply)

PHTLS

ACLS

PEPP

PATS

BTLS

ATLS

CEVO / EVOC

WEAPONS OF MASS DESTRUCTION

HAZMAT AWARENESS

EMT INSTRUCTOR

OTHER _____

Please provide copies of all certifications with application.

SCREENING QUESTIONS

(Failure to answer these questions truthfully will result in your application being denied.)

❖ HAS YOUR DRIVER’S LICENCE EVER BEEN SUSPENDED IN THIS OR ANY STATE?
YES**NO**

❖ HAVE YOU BEEN CONVICTED OF A CRIME?
YES**NO**

❖ DO YOU HAVE HEALTH OR PHYSICAL LIMITATION?
YES**NO**

If you answered YES to any of the above questions, please provide an explanation below.

MOTOR VEHICLE ABSTRACT

All applicants of driving age must sign the attached form granting the Barnegat First Aid Squad, Inc. permission to request and receive a copy of your certified driver's abstract from the Motor Vehicle Commission.

BACKGROUND CHECK/FINGER PRINTING

All applicants must submit to a background check and finger printing with the Barnegat Township Police Department. After you return your application, the Barnegat First Aid Squad, Inc. will submit your application to Barnegat Township for a complete background investigation. The Police Department will contact you to schedule your finger printing appointment.

STATEMENT OF UNDERSTANDING

I understand that my application is complete only after I have provided all requested documentation and evidence of a physical examination, driver's abstract, and been finger printed. I accept that I am required to maintain my CPR certification. Additionally, I understand that it is encouraged that if I am not already a certified Emergency Medical Technician, I attend the next regularly scheduled training session. If my application is accepted, I will be considered a Probationary Member for a minimum period of six (6) months. I will make myself available to perform EMS duties monthly (20 hours/month) and to help develop and maintain harmonious working relationships with all members of the healthcare delivery team. The information I have provided on this application is true and correct to the best of my knowledge. If accepted, I agree to abide by the rules and regulations of the organization; the by-laws; standard operating guidelines; and instructions from the Officer(s) in charge.

APPLICANT'S SIGNATURE

DATE

PHYSICIAN'S RELEASE

Applicant's Name

Examination Date

Physician's Name

Office Phone Number

Physician's Office Address

City, State, Zip

I, _____ (Physician's Name) hereby certify that I am a licensed physician and have examined this applicant. I hereby certify that this patient is in good health and able to perform his/her duties as a member of the pre-hospital care team without limitations, which includes lifting heavy objects.

PHYSICIAN'S SIGNATURE

DATE

Forms that do not contain a physician's signature will not be accepted.

ATTENTION APPLICATION: Please return this completed form with your application packet to:

**BARNEGAT FIRST AID SQUAD, INC.
6 Birdsall Street
Barnegat, New Jersey 08005**

Date: _____

I, _____ (Name of Applicant) give the New Jersey Motor Vehicle Commission permission to forward a copy of my certified driver's abstract to Barnegat First Aid Squad, Inc. I have reviewed the uses permitted by NJSA 39:2-3 (c).

Signature

Home Address:

Street Address

City

State

Zip

New Jersey Driver's License Number: _____

Expiration Date: _____

Have original driver's license available for copy.