## MONMOUTH BEACH EMERGENCY MEDICAL SERVICES



## Application for Membership

Membership is open to qualified individuals at least 17 years of age (with parent's written consent) or older who are residents, or who work or live in the immediate towns surrounding Monmouth Beach, and who are able to perform duties of a member in good standing.

Contact Information	101-1-1-1-1		
Name First Home Address		Last	Suffix
Prior Address (If less than 3 years	at current address)		
Home Telephone	Work	Cell	
E-Mail Address		min kin	
Identifying Information			
Date of Birth (mm/dd/yyyy)	Age	Gender [ ] Male	[ ] Female
Height feet,	inches Weight	lbs.	
Social Security Number		<b></b>	
Driver's License Number		StateRenev	val Date
Employment			in the second second
Employer		Position/Title	
Address			
Contact/Supervisor		Telephone	
Prior Employer and Address (If les	ss than 2 years at pres	ent Company)	
Employer		Position/Title	
Address			<del></del>
Contact/Supervisor			

Background Information				
Have your driving privileges ever been revoked? If yes, please explain.	[	] Yes	[	] No
Have you ever had any traffic violations? If yes, please explain.	1	] Yes	[	] No
Have you had any accidents in the past three years? If yes, please explain.	I	] Yes	1	] No
Have you ever been convicted of a crime? If yes, please explain.	[	] Yes	[	] No
Do you have any disability which the Squad should be aware of? If yes, indicate what duties you can fulfill.	I	] Yes	]	] No
Have you ever had any first aid or medical experience? If yes, please explain.	ĺ	] Yes	ĺ	] No
What prompted you to apply for membership on the Squad?				

Have you ever belonged to a First Aid or Rescue Squad? If yes, please provide	[ ]	Yes	[ ]	No
Squad Name and Address				
	_			
	_			
Contact Name Telephone				(%)
Member Fromto				
Why did you leave?				
	-			
	-			
	•			
Certifications ( If you answer YES, please attach copy of each card)				
Do you have a current CPR card?	] Yes	r	l No	
N The state of the				
Do you have a current Standard First Aid or First Responder card? [	] Yes		No	
Do you have a current EMT card?	] Yes	<b>I</b> 3	No	
If you are not yet certified, the Squad will help you get certified once your membership application is accepted.				
References Please list name, address and telephone number of three person people, if possible.	ial refe	rence	s, i.e.	, local
1.				
		<del></del>		
2.				
2.				
				<u> </u>
3.				
Do you know one or more members of the Squad? If yes, provide member na	me. [	) Y	es	[ ] No
1				
2.				
3.				

## **Agreement**

If acceptance is obtained under this application, I agree to comply with all New Jersey State Law requirements, the Ordnances of the Boro of Monmouth Beach and the By-Laws of the Monmouth Beach First Aid Squad. I understand that all new members shall be on probation for one year from date of approval. The answers to the foregoing are true to the best of my knowledge and belief and that the signature below is my own and in my handwriting. It is understood that any false statement on this application is sufficient cause for rejection or dismissal.

## **Consent and Authorization**

The Monmouth Beach First Aid Squad reserves the right to verify, through lawful sources, the information provided by the applicant, including the substantiation of any statements concerning the applicant's previous criminal record or background, if any.

The applicant, in submitting his or her application, is expressly aware of such procedure and herby consents to and authorizes the Squad, its agents and officers, to verify by the appropriate means any information furnished by the applicant to be a volunteer on the Monmouth Beach First Aid Squad.

(Privacy Act 1974; Public Law 93-579)

Signature Date
For Official Use ONLY — Please DO NOT write in this space  Application read at the MBFA Meeting  Membership Committee contacts  Prior Squad Affiliations [ ] Yes (date) [ ] No  References [ ] Yes (Names) [ ] No  MBFA Squad member(s) known to applicant [ ] Yes (Names) [ ] No
And results presented at the
Monmouth Beach POLICE DEPARTMENT  Background Check results/conducted [ ] Approved [ ] Rejected  By
Applicant's membership status as of MBFA Meeting  [ ] Approved: Date: [ ] Denied: Date: Reason [ ] Applicant notified in writing by Membership Committee Member on of decision.