



Application for Membership

Thank you for your interest in volunteering with the Monmouth Beach First Aid Squad. Please note that all applicants must be at least 16 years of age (with parent consent) regardless of membership classification. We are an equal opportunity volunteer service organization. Acceptance of applications is done without regard to: race, creed, color, nationality, sex, orientation, religion, age, or experience.

The application process is as follows:

APPLICATION	<p>Please complete and mail the application along with a copy of your current driver's license and current CPR card (if available) to our building at: P.O. Box 247. Monmouth Beach, NJ 07750.</p> <p>Applications can be dropped off in our mailbox at 26 Beach Rd. or completed, scanned and email it to volunteer@monmouthbeachems.org</p>
INTERVIEW	<p>Upon receipt of your application and documents, you will be contacted to schedule an interview meeting. During the meeting we will explain what exactly we do and what we can offer you as a volunteer. In addition, we may have some questions that will assist the committee when reporting back to the membership at the next meeting.</p>
PRESENTATION to MEMBERSHIP	<p>During the next monthly meeting, your application will be brought up. While you do not have to be present at the meeting, you are welcome to attend. Upon acceptance of your application, you will become a probationary member.</p>
BACKGROUND CHECK	<p>Once a member of the squad, you will be required to submit for a background check and fingerprinting with the police department. We will provide guidance with this process.</p>
PROBATIONARY MEMBER TERM	<p>The probationary term is one full year and is subject to termination during this time if your actions warrant us to do so. The probationary term lasts until a motion is made and accepted to move you to active member status.</p>

If you have any further questions regarding the application process or membership, feel free to email us at volunteer@monmouthbeachems.org or call us at (732) 859-5342.



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Thank you for answering the call to serve and your interest in volunteering with us. Please take a moment to fill out this application for membership. The membership committee will use the information to present to the squad. We are an equal opportunity volunteer service organization. Acceptance of applications is done without regard to: race, creed, color, nationality, sex, orientation, religion, age, or experience.

APPLICANT INFORMATION

☐ EMS - PROBATIONARY/ACTIVE ☐ ADMIN - PROBATIONARY/ACTIVE ☐ CADET (age 16<18) **AND** ☐ Full Year ☐
Seasonal

Name: _____ Date of Birth: ____/____/____

Address: _____ Email: _____

City: _____ State ____ Zip Code _____ Mobile Phone: _____

BACKGROUND INFORMATION

How did you hear about volunteering with MBFAS?: _____

When is the best time to contact you? _____ How? Phone Email Text

CERTIFICATIONS: (If you are interested in EMT/EMR we can assist in obtaining these certifications. All members must get CPR)

Do you have valid: ☐ CPR Certification (all applicants) ☐ First Responder (EMR) ☐ EMT (☐ NJ or ☐ NREMT)

If you held any of the above certifications in the past please explain: _____

Do you have a valid NJ Driver's License? ☐ Yes ☐ No DL# _____ Expires _____

If yes, to any of the questions please explain on the lines provided:

Have your driving privileges ever been revoked? ☐ Yes ☐ No _____

Have you had any traffic violations? ☐ Yes ☐ No _____

Have you had any accidents in the past 3 years? ☐ Yes ☐ No _____

Have you ever been convicted of a crime? ☐ Yes ☐ No _____

VOLUNTEER EXPERIENCE

Organization:	Position/Role:	Still Active: <input type="checkbox"/> Yes <input type="checkbox"/> No If no longer active, EXPLAIN:
Membership Status;	Time Period:	
Organization:	Position/Role:	Still Active: <input type="checkbox"/> Yes <input type="checkbox"/> No If no longer active, EXPLAIN:
Membership Status;	Time Period:	



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REFERENCES		
Name	Address	Phone

Agreement

If acceptance is obtained under this application, I agree to comply with all New Jersey State Law requirements, the ordinances of the Boro of Monmouth Beach and By-Laws and Policies and Procedures of the Monmouth Beach First Aid Squad. I understand that all new members shall be on probation for one year from the date of approval as a member. The answers to the foregoing are true to the best of my knowledge and belief. The signature below is my own and in my handwriting. It is understood that any false statements 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 application including but not limited to substantiation of any statements concerning the applicant's previous criminal record or background, if any.

The applicant in submitting their application is expressly aware of such procedure and hereby consents to and authorizes the Monmouth Beach First Aid Squad, its agents and officers, to verify by the appropriate means any information furnished by the application to be a volunteer in the organization. (Privacy Act 1974; Public Law 93-579)

Signature _____ Date _____

Print Name _____

For Official Use ONLY - Please DO NOT write in this space

Initial application review: By _____ Date _____

Applicant contact date: _____ **Application read** at _____ MBFAS meeting date

Membership Committee contacts

Interview date: _____ Current/Prior Squad affiliations: [] Yes _____ [] No

References: [] Yes _____ [] No MBFAS members known: [] Yes _____ [] No

Application to Captain/President, who forwards to MB Police Department

Captain / President _____ (signature) Date _____
_____ (print name)

Monmouth Beach Police Department

Background Check conducted/results: [] Approved [] Rejected

by: _____ Title _____ Date _____

Applicant membership status as of _____ MBFAS meeting date

[] Approved [] Denied Date & Reason: _____

[] Applicant notified in writing by _____ on _____ of decision.