



Telephone:
(973) 838-7292 - (973) 838-3040

P.O. Box 222
Butler, N.J. 07405

"The Pride of North Jersey"

Application for Membership

Personal Information

Name: _____ Date: ___/___/___
Last First MI

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Length of time at this address: _____ Email: _____

If length of time at this address is less than 3 years please give prior addresses.

Date of birth: ___/___/___ Age: _____ Social Security#: _____

Do you have a valid NJ Drivers License? Yes No
(Membership requires a NJ driver's license)

If yes please provide the following information:

Drivers License #: _____ Expiration date: _____

Employment Information

Name: _____ Occupation: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Emergency Notification

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Education

Elementary School: _____

Dates from: _____ to _____

High School: _____

Dates from: _____ to _____

College: _____

Dates from: _____ to _____

Military service YES NO

If yes please supply the following information:

Which Branch: _____

Dates from: _____ to _____

Type of discharge: _____

Referrals

How were you referred to the squad? _____

Are you acquainted with any past or present members of the squad? YES NO

If yes please list names: _____

Have you ever applied to or been a member of this squad or any other first aid squad or fire department?

YES NO

If yes please list squad or fire department names:

Availability for calls and duty

- Days (open)
- Evenings Sunday thru Saturday 6pm – 6am

Days available for riding time: _____

EMS Training

YES	NO	Course	Expiration Date
		CPR (American Red Cross)	
		CPR (American Heart Association)	
		EMT	
		First Responder	

Drivers license information

Do you currently have any points on your driver's license? YES NO

If yes please explain: _____

Is your driver's license suspended or revoked in NJ or any other state? YES NO

If yes please explain: _____

Other information

Have you ever been arrested and/or convicted of any crime in NJ or any other state? YES NO

If yes please explain _____

Have you ever been treated for substance abuse? YES NO

If yes please explain _____

Are you involved in any other service organizations or clubs? YES NO

If yes please explain _____

Medical Information

How would you explain your general health? _____

Have you been treated for any serious illness or injury in the past five years? YES NO

If yes please explain _____

Do you suffer from any chronic illness? YES NO

If yes please explain _____

Do you have any disability that would limit your physical activities in first aid? YES NO

If yes please explain _____

Name and address of your family doctor: Date of last physical _____

Please list the names, addresses and phone numbers of three persons you have known for (3) or more years (no relatives, or employers) that we can we can contact for a reference:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that:

- I certify that I am at least eighteen (18) years of age
- The information contained in the application will remain confidential
- Submission of this application does not mean automatic acceptance as a member of the squad
- All the information in the application will be verified and references will be checked

In connection with the application process and my potential membership I agree:

- To make myself available, if requested to meet with the I&G committee to discuss my application
- To notify the squad of any changes in information contained in this application as they occur (prior to or during my membership)
- To return to Triboro First Aid squad any and all equipment and clothing issued, in the same condition as received, with reasonable wear and tear, upon my resignation, termination, suspension or leave of absence.

I hereby declare that all questions have been answered truthfully. I am aware that if any question is answered incorrectly or falsely, it will be grounds for rejection or dismissal from the **Triboro First Aid Squad**. I hereby authorize **Butler Police Department** and the **NJ state police** to conduct an investigation on my background. Both driving and criminal history will be investigated.

Signature of applicant: _____ Date: _____