



JACKSON TOWNSHIP FIRST AID SQUAD, INC.

Application for Membership

MEMBERSHIP CLASS													
What class of membership are you applying for?			PROBATIONARY <input type="checkbox"/>			DRIVER <input type="checkbox"/>		AFFILIATE <input type="checkbox"/>		ASSOCIATE <input type="checkbox"/>			
APPLICANT INFORMATION													
Last Name				First				M.I.	Date				
Street Address							Apartment/Unit #						
City				State				ZIP					
Phone				E-mail Address									
Occupation			Age						Date of Birth				
Social Security Number				Driver's License Number									
Auto Make and Registration				Auto Insurance and Policy Number									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you previously been a member of this or any other First Aid Squad?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a crime?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Have you ever been convicted of an offense involving moral turpitude?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Have your driving privileges been revoked or suspended in any state?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Do you suffer from Alcoholism or Narcotic Addiction?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Do have any physical or mental disability that would prevent you from performing your duties as a member of this Squad?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Do you consent to an examination by a Squad physician?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain								
EDUCATION													
High School				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					

CERTIFICATIONS AND TRAINING				
<i>Please attach a copy of any relevant certificates.</i>				
			Expiration Date	Certification Number
Standard First Aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Advanced First Aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
First Responder	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Emergency Medical Technician	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Cardiopulmonary Resuscitation (CPR)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Emergency Childbirth	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Defensive Driving	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Triage	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Oxygen Training	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Vital Signs	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE				
Branch		From		To
Rank at Discharge		Type of Discharge		
If other than honorable, explain				

DISCLAIMER AND SIGNATURE

I hereby apply for membership in the Jackson Township First Aid Squad. I certify that my answers are true and complete to the best of my knowledge. I hereby authorize the Membership Committee to verify the above statements through available sources, including but not limited to the Department of Motor Vehicles and the Police Department. All information received will be held in the strictest confidence. I understand that any false statement made in my application may void my application and disqualify me from membership in the Jackson Township First Aid Squad. I further understand that no person shall be rejected for membership on the basis of sex, race, color, creed, or any other protected category.

Signature		Date	
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MEMBERSHIP OATH

I, _____ do solemnly swear or affirm that I shall live up to the By-Laws and Constitution of the Jackson Township First Aid Squad. I agree to respond to emergency, silent, and fire calls whenever possible, to attend meetings and drills regularly, to assist in the orderly maintenance of the property of the Squad, to expect no compensation for anything done toward the purpose of the Squad as outline in the Constitution, and upon retiring from the membership to return to the Squad any insignia or equipment belonging to the Squad or the New Jersey State First Aid Council.

Signature		Date	
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