

MARLBORO FIRST AID SQUAD

WYNCREST ROAD • MARLBORO, NJ 07746 • PHONE: 732.536.1166

SENIOR SQUAD MEMBER APPLICATION

Please verify your understanding and agreement to the terms of membership of the Marlboro First Aid & Rescue Squad, Inc. By completing this application and being approved as a new member, you understand and agree that: You will be subject to background checks and be required to serve (ride) one duty crew per week either daytime (9:00AM to 6:00PM or two half days) or nighttime (9:00PM to 5:00AM). Members are also assigned to mandatory weekend duty crews one Saturday and one Sunday (2 weeks later) approximately every 12-16 weeks (depending upon the number of members). You must live within three miles of the building or live or work in Fire District 1, unless you are willing to stay at the building during your shift. You are expected to attend monthly meetings (held at 8:00PM on the first Tuesday of every month) and monthly drills (held at 8:00PM on the third Tuesday of every month). You are required to obtain your CPR certification before you are able to ride on a crew, and you are expected to obtain your EMT certification within one year of joining the squad (exceptions can be made at the discretion of the line officers). If accepted, I agree to abide by the Bylaws and Operational Orders of the squad, as the same may change from time to time. I understand that I must meet and maintain the educational standards required by the squad.

Dated: _____, 201__

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

_____ Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Weekdays Available to Ride (full or half days): _____

Weeknights Available to Ride (including Sunday): _____

Are you in good health? (If not, explain): _____

Describe any medical restrictions that would prevent you from performing squad duties (such as lifting restrictions):

How were you referred to the squad? _____

Please list two references other than relatives:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Please verify if you have any of the following Certifications or Licenses:

CPR (Healthcare Provider): Y or N? Expiration Date: ___/___/___ Copy attached: Y or N?

EMT: Y or N? State: _____ Expiration Date: ___/___/___ Copy attached: Y or N?

Driver's License: Y or N? Expiration Date: ___/___/___ Copy attached: Y or N?

Total Points against License: _____ Has your license ever been suspended or revoked? Y or N?

Have you had any moving violations or accidents in the past three years? Y or N?

If so, explain: _____

Have you every been convicted of a crime or Felony other than a traffic violation? Y or N?

If so, explain: _____

Person to be notified in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Signature of Applicant: _____ **Date:** ___/___/___

-----**FOR OFFICIAL USE ONLY**-----

Date Interviewed: ___/___/___ By: _____ Approved for Membership: Y or N?

Comments: _____

Date Accepted: ___/___/___ Date Started as Probationary Member: ___/___/___

Period that Applicant was a Cadet (if applicable): From ___/___/___ to ___/___/___

Date Voted into Regular Membership: ___/___/___ Badge Number: _____

Date Achieved Life Status: ___/___/___ Date of Exempt Life Status: ___/___/___

Date of Inactive Life Status: Date of Resignation: ___/___/___ Date of Resignation: ___/___/___

Equipment Assigned: **Applicant to sign acknowledging receipt:** _____

Pager: Minitor _____ Serial Number: _____ Date Assigned: ___/___/___

Key Card or Fob: _____ Serial Number: _____ Date Assigned: ___/___/___

Car MFAS Plate: _____ Date Assigned: ___/___/___

Clothing: _____