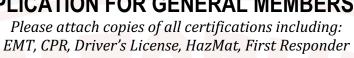


JAMESBURG FIRST AID SQUAD

"Helping Neighbors, Saving Lives" since 1937

APPLICATION FOR GENERAL MEMBERSHIP



E	MT
N.J. STRIK	EATIFIED AND DEPT. OF
6	DEPT. O.

Name:					
Gender:		Age:	Date of Birth: / /		
Add <mark>re</mark> ss:		City:	State: Zip:		
			ail:		
Education:	☐ High School		Year graduated:		
			Year graduated:		
Current Occ	rrent Occupation: Dates of Employment:				
	_		Phone: ()		
			sess: *Please attach a copy*		
	1		V / / /		
D . 1.			***************************************		
			Please attach a copy		
•		uspended or revoked? (YES/			
If YES	S, Please explain				
Have you eve <mark>r b</mark> een convicted of a crime? (YES/NO)					
If YE	S, Please explair				
•		arges? (YES/NO)			
IF YES, P <mark>l</mark> ease explain					
How long have you resided at your current address?					
If less than 5 years, where did you previous live?					
Do you have any disabilities or pre-existing medical conditions that would prohibit you from performing the work necessary to be an EMT? (YES/NO)					
If YES, please explain					
Whatigwow	r availability to y	espond to emergency calls? I	Dlogge shock all that apply		
			riease check an that apply		
L Dt	ity Crews (7:00p	,			
□ Sunday □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday					
ЦW	eekend Days				
		Page 1			
		JAMESBURG FIRST AID			

Revised: January 2018 P.O

P.O. Box 213, Jamesburg, New Jersey 08831

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Have you ever been a member of an Emergency Service Agency? (List more on separate sheet)

1)	Agency:	Type: □ EMS □ Fire □ Police □ Other			
	Dates of Membership:	Position(s) Held:			
	Reasons for leaving:				
2)	Agency:	Type: □ EMS □ Fire □ Police □ Other			
	Dates of Membership:	Position(s) Held:			
	Reasons for leaving:				
3)	Agency:	Type: □ EMS □ Fire □ Police □ Other			
	Dates of Membership:	Position(s) Held:			
	Reasons for leaving:				
Refere	ences: Please provide THI	REE references. Only ONE can be RELATIVES or SQUAD MEMBERS!			
	•				
1)	Name:	Relationship: Email:			
21		Relationship:			
2)		Email:			
3)		Relationship:			
3)		- Email:			
	1 Holle: ()				
In cons	ideration of my membership,	vs, Rules and Regulations, Standard Operating Guidelines, Chief's Rules and			
1.	written d <mark>ir</mark> ectives of JFAS.				
2.		l facts and statements in this application. I understand that misrepresentation or tion is cause for rejection of this application and dismissal from the squad.			
3.	I consent t <mark>o a</mark> Criminal Histor	y Background Check at the request of JFAS.			
4.		pted as probationary member and do not complete the pro <mark>ba</mark> tionary period (by removal for cause), all expenses incurred by the JFAS mus <mark>t</mark> be reimbursed in			
5	full within 45 days of separa	t ion . nent issued by JFAS to the bes <mark>t o</mark> f my <mark>ab</mark> ility. I promise to return all JFAS			
Э.	equipment immediately upo	n request of an administrative and/or line officer or upon the conclusion of my			
.	membership from JFAS.				
Signat		ot be considered if they are not completely filled out. All information is CONFIDENTIAL!			
*****		*** DO NOT WRITE BELOW THIS LINE			
		nterview:// Accepted/Rejected://			
Signat	ures	Length Months Completion / /			
Signal	(Membership Chair)	,, Date/, Date/			
Page 2					

JAMESBURG FIRST AID SQUAD P.O. Box 213, Jamesburg, New Jersey 08831

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CRIMINAL HISTORY CHECK RELEASE FORM

	, agree to a Criminal History
	lication process to become a member of the
Jamesburg First Aid Squad.	
Applicant Signature:	DATE:
**************************************	<u>YRITE BELOW THIS LINE</u> ************************************
for Jamesburg First Aid Squad	
Membership Chair:	DATE:
President:	DATE:
Chief:	DATE:
<u>for Jamesburg Police Department</u>	
DATE of Fingerprints:	1027
☐ History Found	☐ History Not Found
Authorized Signature:	DATE:
Additional Information:	
EMERGENCY	MEDICAL SERVICES
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