

BRADLEY BEACH FIRST AID SQUAD INC.
APPLICATION FOR MEMBERSHIP

All information entered on this application is considered to be offered as a sworn statement and will be held in the strict confidence by the squad.

1

It is understood that if any of my answers are found to be untrue the application will be rejected or I will be expelled from the squad even after attaining membership.

2

I agree that if accepted I will serve according to the constitution and Bylaws and under the direction of the duly elected officers.

3

I agree that all squad property, equipment, radio's, pagers, emblems, uniforms, keys are on loan to me for use as an active member and are my responsibility. They are to be returned to the Squad immediately if I cease to be a member for any reason.

4

I authorize release to the Squad any information necessary to investigate my character and qualifications for membership with the Squad.

5

I agree to keep all Squad business and operational procedures confidential and all information concerning patient care in the strictest confidence.

I have read and agree to the above signed:

Date:

DO NOT WRITE BELOW THIS LINE FOR ADMINISTRATIVE USE ONLY

The membership committee has reviewed the application and find it to be in order and upon the results of the background check and Doctor's Physical report recommend that they be accepted to the Squad with full rights and privileges.

Signed Membership Committee

Signed Membership Committee

Date Accepted

Date Rejected

The membership committee has reviewed the application and find it not to be in order and recommends that they not be accepted to the Squad for the following reasons.

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Print Name: _____ / / _____ Date: _____

Print Address: _____ Town: _____ Zip Code: _____

Telephone Number: _____ Cell Phone: _____ E-Mail (print clearly) _____

How long have you lived at the above address: _____ / / _____ Date of Birth: _____ Social Security # _____

Previous first Aid Squad Membership: (Name of squad) _____ How Long: _____

Do you have any current certifications: EMT, EMR, CPR/AED, Other (Please provide copies with application)

Drivers License # _____
Do you have a valid NJ. Drivers License (Please provide a photo copy with application)

Has your license been revoked or suspended in this State or any other State (if so explain)

Have you ever been convicted any felony or offence that might prevent you from serving on the squad.
(A back ground check is required by the Borough before you can serve with the squad if so explain)

A Doctors Physical is also required you can choose to use our squad Doctor or you may go to your own Doctor.