

MILLTOWN RESCUE SQUAD, INC.

SOUTH MAIN STREET P.O. BOX 308 MILLTOWN, NJ 08850



APPLICATION FOR MEMBERSHIP

I hereby apply for membership to the Milltown Rescue Squad. I give my permission to be investigated for membership. I am aware that a background check will be done through the Milltown Police Department, and I will meet with the membership committee for the purpose of reviewing my application, and delineating the duties of the organization. It is my understanding that acceptance is based on a 6-month probation. At the end of that period the executive committee may extend my probation for up to six months, accept me as a member, or dismiss me. During my probation period, I agree to abide by the by-laws of the Milltown Rescue Squad, and the EMS Council of New Jersey. I also understand that it is my responsibility to keep all my certifications current, and to submit a physician's note stating that my physical and mental health are adequate for the enactment of rescue squad duties.

Name _____ SS# _____

Address _____

Age _____ DOB _____ Email _____

Cell Phone _____ Home _____ DL _____

Are you a member of any local organizations, EMS, or Fire Department? YES NO

If yes, please list the names and addresses of the organization and a person we may contact.

Do you have any Emergency Service training? YES NO

First Aid _____ EXP _____

CPR _____ EXP _____

EMT _____ EXP _____

Other _____ EXP _____

****PHOTOCOPIES OF VALID CARDS SHOULD BE SUBMITTED WITH APPLICATION****

Name and Complete address of three Local References to be contacted.

1. _____
2. _____
3. _____

Name and Address of Employer

Work Schedule DAYS EVENINGS NIGHTS ROTATING
S ____ M ____ T ____ W ____ T ____ F ____ S ____

Have you ever been convicted of a crime? YES NO

If Yes, Explain _____

I do hereby swear that the above information is true and correct, and I do understand that any falsification of this application is cause for my immediate dismissal from the Rescue Squad.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY THE INVESTIGATING COMMITTEE

3 reference letters sent on _____ Letter 1 Returned _____ Letter 2 Returned _____

Copies of First Aid, CPR, EMT, DL YES NO

Physician's Note YES NO Date of Interview _____

Interview given by _____

Comments _____

Background Check approved by Police: YES NO Date accepted _____