



*Florham Park
Memorial
First Aid Squad Inc.*

60 Felch Road, Florham Park
New Jersey 07932

Dedicated May 30, 1951 in fond tribute to those who served or gave their all in our defense.

MEMBERSHIP APPLICATION

Name: (please print) _____ Email Address: _____ Social Security #: _____

Address: (please print) _____ Date of Birth _____ / _____ / _____

Phone: Home _____ Mobile _____ Work _____ NJ Driver's License # _____

How many points do you have against your license? _____ # points

Place of Business (or if you are a student, school you are attending) _____

Extracurricular activities, sports, or other community service involvements _____

What days and times are you presently available for Squad duty?
(Check days and write in hours.)

	Daytime Hours	Nighttime Hours
<input type="checkbox"/> Sunday	_____	_____
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____
<input type="checkbox"/> Saturday	_____	_____

Do you have any physical or mental disabilities which could affect your performance or duties?

- No
- Yes —> Please explain. _____

Would you be willing to undergo an examination by a physician (at Squad expense) to certify your physical condition?

- Yes No

If you have emergency care training, check all that apply, note the expiration date of the training and attach photocopy of certification.

- | | Expiration Date |
|--|------------------------|
| <input type="checkbox"/> None | |
| <input type="checkbox"/> American Red Cross Standard First Aid | _____ |
| <input type="checkbox"/> American Red Cross CPR Professional | _____ |
| <input type="checkbox"/> American Red Cross Emergency Response/
First Responder | _____ |
| <input type="checkbox"/> New Jersey State EMT | _____ |
| <input type="checkbox"/> Defensive Driving Course | _____ |
| <input type="checkbox"/> OTHER _____ | _____ |

I am aware that the Florham Park Memorial First Aid Squad will conduct a driver's license check. I also believe the above to be true and accurate to the best of my knowledge. I am aware any false statements may lead to my not being accepted.

I am also aware that Squad Membership requires dedication and a time commitment on my part. Providing emergency services is a serious responsibility that requires training and frequent use of that training to develop and maintain my skills.

My signature at the bottom of this form indicates my understanding and acceptance of the following Squad requirements for its members:

- weekly attendance on the shift to which I am assigned**
- attendance at the daily rig check, with my crew, on the shift to which I am assigned**
- responding to calls on my shift in clean Squad uniform**
- participation in drills and practices with my crew**
- participation in the Saturday and Sunday (6am to 6pm) rotations with my crew (approximately every 11 weeks)**
- arrangements for coverage for myself in the event that I am unavailable for duty**
- completion of Standard First Aid (6 hours) and Professional CPR (approx. 16 hours) in the first 6 months**
- return all equipment belonging to the Squad within one week upon my resignation or upon taking a leave of absence exceeding 3 months**

Signature

____ / ____ / ____

Date

Parent's Signature (if under 18 years of age):

DO NOT WRITE BELOW THIS LINE

I respectfully submit this application for membership. I have met with the aforementioned individual and am forwarding this application to the Captain for acceptance.

_____/_____/_____
Signature of Membership Chairman **Date**

Printed Membership Chairman's Name: _____

I respectfully submit this Membership Application. I have met with the aforementioned individual and, as Captain of the Florham Park Memorial First Aid Squad, am forwarding this application to the Executive Committee for their approval.

_____/_____/_____
Signature of Captain **Date**

Printed Captain's Name: _____