

POINT BORO FIRST AID SQUAD 35

MEMBERSHIP APPLICATION



LAST NAME: _____

FIRST NAME: _____

Date of Application: _____

1200 Beaver Dam Road, Point Pleasant NJ 08742
(732)-899-4357 – www.Squad35.org - Squad35@yahoo.com



POINT BORO FIRST AID SQUAD SQUAD 35

Dear Applicant,

Thank you for your interest in volunteering with the Point Boro First Aid Squad. In addition to being incredibly rewarding, volunteering with our agency is very demanding. It takes a lot of time and can be emotionally stressful. Please make sure you can meet the commitments involved before you apply.

When considering membership, it is important for an applicant to consider both the operational and administrative aspects of our organization. While our emergency operations are at the heart of our mission, those operations could not exist without significant administrative support. There are ample opportunities for members to take part in the administrative and business activities of our non-profit organization as well as to hold leadership positions in both administrative and operational capacities.

If you have any questions about the application process or about membership in general, please contact us. We would like to thank you once again for your interest in the Point Boro First Aid Squad and for taking the time to complete our application. We look forward to meeting you soon.

Respectfully,

Point Boro First Aid Squad

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POINT BORO FIRST AID SQUAD

SQUAD 35

Application Process

The application process is as follows:

1. Download, print, and fully complete this application packet.
 - Distribute the reference forms included in the application packet to three references who know you well (non-family members), and have your references return those forms to you.
 - Copy your Driver License, EMT card, CPR card, and any other certifications you may possess.
 - Return the completed application (with references and copies of certifications) to Squad 35 in person or via US Mail. Incomplete applications will not be accepted.
2. Once your application is received, you will be contacted to schedule an interview at your convenience. During your interview, we will discuss why you wish to serve the community by joining our squad and your understanding of the commitment necessary to be a successful member. We will also discuss your availability to take the EMT certification course if you are not yet certified.
3. If you are successful during your interview, you will also be required to go to the Point Pleasant Borough Police Department for a background check and fingerprints.
4. Your application will be brought up at our regular business meeting. The membership committee will provide a recommendation to the membership whether you should be accepted onto the squad. The squad will then cast a vote to accept your application for membership. A member of the membership committee will then contact you regarding your acceptance and will schedule a day for membership orientation.

Requirements for Regular Membership (these are minimum requirements that are often exceeded):

- Answer 25 percent of all alarm calls each month.
- Current NJ EMT-B, NREMT-B, or equivalent, or currently enrolled in an EMT Class
- Current CPR (Healthcare Provider or Professional Rescuer level)
- Attendance at general membership meetings and drills on Wednesdays each month.
- Answer duty night calls once a week between the hours of 11pm-6am.

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APPLICATION CHECKLIST

FOR USE BY MEMBERSHIP COMMITTEE ONLY. PLEASE RETURN WITH APPLICATION.

APPLICANT NAME: _____

DOCUMENTS RECEIVED

- Application
- Reference #1 _____
- Reference #2 _____
- Reference #3 _____
- Copies of EMS Certifications (if applicable)
- Copy of Driver License

Application complete on _____

INTERVIEW AND ACCEPTANCE

Date of Interview _____

Interviewed by _____

Action _____

Probationary Membership start at General Meeting on

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TRAINING AND CERTIFICATIONS

EMT CERTIFICATION _____

STATE CERT NUMBER DATE OF ORIGINAL CERTIFICATION EXPIRATION

CPR CERTIFICATION _____

PROVIDER (AHA, RED CROSS) EXPIRATION

ANY OTHER TRAINING/CERTIFICATIONS

DRIVING RECORD

LICENSE # _____ STATE _____ EXPIRATION _____

AMOUNT OF POINTS _____ RESTRICTIONS _____

HAS YOUR DRIVING PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? **YES / NO**
(IF YES, PLEASE EXPLAIN)

EMPLOYMENT HISTORY

IF UNEMPLOYED, PLEASE LIST LAST PLACE OF EMPLOYMENT

CURRENT EMPLOYER _____ DATES _____

ADDRESS _____ PHONE _____

POSITION _____ REASON FOR LEAVING _____

THE POINT BORO FIRST AID SQUAD MAY CONTACT YOUR SUPERVISOR AS A REFERENCE.
IF YOU DO NOT WISH FOR YOUR SUPERVISOR TO BE CONTACTED, PLEASE DO NOT LIST
A PHONE NUMBER ABOVE.

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MILITARY SERVICE

BRANCH _____ DATES _____ RANK _____

TYPE OF DISCHARGE _____ SERVICE NUMBER _____

JOB DESCRIPTION AND TRAINING

PERSONAL REFERENCES

A REFERENCE FORM SHOULD BE GIVEN TO EACH INDIVIDUAL LISTED BELOW. THESE PEOPLE SHOULD NOT BE RELATED TO YOU, BUT SHOULD BE ABLE TO COMMENT ON YOUR EDUCATION, WORK EXPERIENCE, COMMUNITY INVOLVEMENT, AND/OR CHARACTER.

NAME	ADDRESS	OCCUPATION	RELATION

GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION, OR IMPRISONED FOR ANY CRIMINAL OFFENSE? IF YES, PLEASE EXPLAIN BELOW.

YES	NO

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION? IF YES, PLEASE EXPLAIN BELOW.

YES	NO

HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF AN EMERGENCY SERVICES AGENCY? IF YES PLEASE LIST BELOW.

YES	NO

AGENCY	PHONE NUMBER	DATES	SUPERVISOR

PERSONAL STATEMENTS

Why do you wish to join the Point Boro First Aid Squad?

What do **YOU** expect to gain if you are granted membership?

What will **THE SQUAD** gain by having you as a member?

How long do you plan on staying with our agency?

What, if anything, concerns you about committing to the minimum requirements of our membership listed on Page 3?

SIGNATURE AND RELEASE

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge from the Point Boro First Aid Squad.

By signing below, I hereby authorize the Point Boro First Aid Squad and its officers or delegates to conduct any background investigations necessary to verify the above information. I understand that if the results of their investigation are not within the policies of the first aid squad that I may be terminated immediately.

I understand that my character will be verified by the references I have listed on this application. This packet will become a permanent record of the Point Boro First Aid Squad and will be kept confidential. Upon acceptance I will agree to follow all rules and regulations of the Point Boro First Aid Squad. I understand that I will care for any and all equipment belonging to the squad which is given to me for my use as a member of the Point Boro First Aid Squad.

I certify that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading, withholding or incorrect information may render this application void and be just cause for immediate termination into membership.

SIGNATURE _____

DATED _____

PRINT _____

ADDITIONAL INFORMATION REQUIRED FOR CADET APPLICANTS

PARENT/GUARDIAN INFORMATION

NAME/RELATIONSHIP _____ PHONE _____

ADDRESS _____

PLEASE HAVE PARENT/GUARDIAN READ AND SIGN BELOW: I understand that the Point Boro First Aid Squad will verify my consent of this application and agree to my child applying to this agency. I have reviewed the contents and agree with the completion. Membership with the squad will not interfere with the child's school work and I further agree to support his/her receiving EMT training as part of their membership to this squad.

PARENT/GUARDIAN _____ DATE _____

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APPLICANT REFERENCE

APPLICANT NAME _____

LAST

FIRST

MIDDLE

I hereby authorize the reference listed below to provide the requested background and personal information to the Point Boro First Aid Squad, its officers, directors, and Membership Committee. I acknowledge that the completed reference form is the property of the Point Boro First Aid Squad, and I further waive any right I may have to review this reference form.

SIGNATURE OF APPLICANT, DATE _____

SIGNATURE OF PARENT/GUARDIAN (UNDER 18), DATE _____

TO THE REFERENCE: The above named individual has applied for membership in the Point Boro First Aid Squad, and you have been given as a reference. References are required as part of the application, but your response is voluntary. If you choose to act as a reference, the information you provide may be relied upon by the Squad in determining whether or not to grant membership to the applicant. Please answer the following questions honestly and frankly as they apply to the applicant. After all, you or your family may have to call on the Squad for service, and the applicant might be the one to respond. Where possible, it would be helpful if you could provide an example or anecdote to illustrate your comments. If you require more space to provide an adequate answer, please feel free to attach additional pages. If you would like, you may respond in a different format on separate paper, but, if you do so, please return this form as well. **PLEASE RETURN THIS FORM TO THE APPLICANT.** You may return it in a signed/sealed envelope if you choose to do so. Initial here _____ if you choose to keep your reference confidential.

The Point Boro First Aid Squad is a volunteer organization that provides emergency medical and rescue services to the community of Point Pleasant Borough as well as other surrounding areas when requested. Members must be of good moral character, reliable, trustworthy, and able to perform as part of a team within a command structure under stressful emergencies and sometimes in hazardous situations.

REFERENCE NAME _____ **OCCUPATION** _____

ADDRESS _____

PHONE _____

EMAIL _____

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For how long and in what capacity have you known the applicant? _____

How frequently do you have contact with him/her? _____

Is your relationship (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC**

List two strengths and weaknesses of the applicant _____

Would you have any reservations about entrusting the applicant with a sick or injured member of your immediate family? **YES / NO** (comment if YES) _____

PLEASE RATE THE ON THE FOLLOWING SCALE (1 BEING LOWEST) OR NO OPINION

Trustworthiness	Uncomfortable leaving valuables around him/her	1	2	3	4	5	Entrusted with keys to house, watch children	No opinion
Reliability	Unable to keep appointments/finish tasks. Always late.	1	2	3	4	5	Always on time or early. Finishes tasks ahead of schedule.	No opinion
Ability to maintain private information	Always gossiping and spreading rumors.	1	2	3	4	5	Does not gossip. Entrusted with personal information.	No opinion
Ability to receive constructive criticism	Is never wrong. Faults others for mistakes. Gets agitated.	1	2	3	4	5	Always seeks to improve. Invites suggestions. Admits mistakes.	No opinion

List any other comments you feel are pertinent (Special abilities or talents, alcohol or drug abuse concerns, psychological instability concerns, incidents of violence or aggression, etc.) _____

SIGNATURE _____ **DATE** _____

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