



EST. 1938

CEDAR GROVE AMBULANCE & RESCUE SQUAD

POST OFFICE BOX 81. CEDAR GROVE. NEW JERSEY 07009

Application for Membership

Date: ___/___/___

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ Apt _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ___/___/___ Place of Birth: _____ Sex: M (_____) F (_____)

Email: _____

Home Phone #: (_____) - _____ - _____ Work Phone #: (_____) - _____ - _____

Social Security #: _____ - _____ - _____ US Citizen: Yes (_____) No (_____)

Drivers License #: _____ State: _____ Expiration Date: ___/___/___

(Attach copy of Drivers License)

Have you ever received a summons for a moving or traffic violation? Yes / No

If "Yes", give details: _____

Current Employer: _____ Telephone #: _____

Occupation: _____ Work Hours: _____

Years of employment: _____ Supervisors Name: _____

Last 2 Previous Employers:

Name	Years of Employment	Telephone Numbers

Educational Background

Name	Years	Graduated Yes/No	Telephone Number

Military experience & type of discharge:

Medical and or rescue experience (attach copies of current certifications): _____

Hobbies / club memberships: _____

Health Record

Have you ever been treated for any nervous, mental or emotional disorder of any type? **Yes / No**

If "Yes" give details: _____

Have you ever been diagnosed, tested positively or treated for any of the following:

Hypertension	Yes	No	Rheumatic Fever	Yes	No
Tuberculosis	Yes	No	Heart Disease	Yes	No
Epilepsy	Yes	No	Fainting Spells	Yes	No
Ulcers	Yes	No	Severe Cluster Headaches	Yes	No
Diabetes	Yes	No	Asthma	Yes	No
Alcohol/Drug abuse	Yes	No	Cancer	Yes	No

Do you have any physical defects which would preclude you from unrestrictive activities? **Yes / No**

If "Yes" give details: _____

Note: You will need a physical exam either by your Doctor (within the last 6 months) or the Squad's Doctor prior to acceptance. The Squad will pay for you to go to the Squad's Doctor. If you have gone to your own doctor, attach doctors note which states "That you are in good physical condition and able to ride and work on an ambulance". We need the Doctors address, phone number and ID number.

Are you willing to take a drug test at anytime during your membership on the squad? **Yes / No**

Arrest, Litigation and Court Record

Have you ever been detained, taken into custody or arrested by any law enforcement agency? **Yes / No**

If "Yes" give details: _____

Have you ever been charged with any violation, including traffic but excluding parking tickets, either as a juvenile or as an adult? **Yes / No**

If "Yes" give details: _____

Have you ever been fingerprinted for any reason (arrest, job, applicant, security clearance, etc.)? **Yes / No**

If "Yes" give details: _____

References and Social Acquaintances

Give three references (not relatives) who are responsible adults of reputable standing in their communities such as property owners, business or professional persons who have known you well for at least two years.

Name: _____ Address: _____

Home Phone #: _____ City: _____ State: __ Zip: _____

Work Phone #: _____ Acquaintance: _____ Years known: _____

Name: _____ Address: _____

Home Phone #: _____ City: _____ State: __ Zip: _____

Work Phone #: _____ Acquaintance: _____ Years known: _____

Name: _____ Address: _____

Home Phone #: _____ City: _____ State: __ Zip: _____

Work Phone #: _____ Acquaintance: _____ Years known: _____

Personal Declarations

Are you now or have you ever been affiliated with, either by membership or any other means, any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other person their rights under the Constitution of the United States, or which seeks to alter the form of Government of the United States by unconstitutional means? **Yes / No**

Are there any incidents in your life not mentioned herein which may reflect unfavorably on your reputation, morals, character, loyalty, or ability to perform the duties which you may be called upon to perform or which might require further explanation? **Yes / No**

If you answered "Yes" to either of the above statements, give a brief explanation below:

What shift or shifts would you be available for?

Certifying Statement by Applicant

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that entries made and details provided by me are true, complete and correct to the best of my knowledge and belief and made in good faith. I have also talked with a Squad Officer as to the responsibilities and duties of a Squad Member.

Date: _____ Signature: _____

Print Name: _____

If the Applicant is Under the Age of 18

I give my son/daughter permission to join and participate in the activities of the Squad. I have received a copy of the New Jersey State Child Labor Law and have discussed it with my child. I have also talked with a Squad Officer as to the responsibilities and duties of a Squad Member.

Date: _____ Parent Signature: _____

Print Name: _____

Note: New members must have a current CPR card prior to being assigned a crew. New members MUST also be enrolled in a Basic First Aid class within one month of joining if they do not have a current card in either Basic First Aid or EMT.

FOR SQUAD USE ONLY

Date: _____ Member No. _____ Status _____ Initial _____

All of the following must be completed prior to membership.

After completion (Initial and date)

Part 1: (Membership Committee)

Member application completed _____

Interview _____

Building Tour _____

Part 2: (Membership Committee)

NJSP Criminal Background Check _____

Personal References Checked _____

Physical Exam _____

First Aid Certification _____

CPR _____

Copies on File:

First Aid or EMT Certification _____

CPR _____

Drivers License _____

Doctors Note _____

Part 3: (President or Vice President)

Building Key _____

Workman's Comp Form _____

Life Insurance Form _____

Constitution & By-Laws _____

Hep-B Form _____

LOSAP _____

Part 4: (Captain or Asst. Captain)

Crew Assignment _____

Member Number Assigned _____

Captain Standing Orders _____

MCI Plan _____

SOP's _____

Crew Assignment _____

Equipment Assignment (form) _____