

MONTVILLE TOWNSHIP FIRST AID SQUAD
PO Box 416, Montville, NJ 07045-0416
Membership Application Form

Last Name _____ First Name _____ Middle Initial _____

Current Address: _____ Previous Address: _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

Date of Birth: _____ Social Security #: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____ Occupation: _____

Drivers Lic.# _____ State: _____ Expires: _____

Please provide 2 references other than family (Name, address and phone number)

1: _____

2: _____

Do you currently have any certifications relating to First Aid (such as CPR/ First Aid/ First Responder/ Paramedic/ RN etc.)? If yes, please list them below (including any expired certifications)

1. _____ Expiration: _____

2. _____ Expiration: _____

3. _____ Expiration: _____

4. _____ Expiration: _____

Would you prefer to serve during days __ or evenings __ ? Available Date: _____

If accepted, I agree to abide by the Constitution, By-Laws and Rules and Regulations of the squad for active membership. I understand that I must meet and maintain the educational standards required by the squad. I agree not to engage in any legal suit against the Montville Township First Aid Squad, Inc.(MTFAS) other than for personal physical injury sustained in the course of duty. I agree to a police background check for the purpose of safeguarding and protecting the public that I intend to serve.

I do solemnly swear and/or affirm that I the undersigned have completed this application for membership and shall live up to the purpose, ideals and traditions of the MTFAS and that I shall abide by the Constitution, By-Laws and Regulations of the Squad at the present and as amended from time to time.

Signature: _____

Date: _____

For Cadet Membership:

I, as Parent or Legal Guardian of the above applicant, do understand the obligations entered into by _____ with the MTFAS and give my consent.

Signature of Parent or Guardian: _____

Date: _____