

MONTVILLE TOWNSHIP FIRST AID SQUAD MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Last Name:		First Name:		Middle Initial:
Date of birth:	SSN:	Occupation:		
Cell Phone:		Home Phone:		
E-mail:				
Preferred method of contact - check one: Cell <input type="checkbox"/> Home <input type="checkbox"/> E-mail <input type="checkbox"/>				
Current address:				
City:		State:	ZIP Code:	
Previous address (if at current for less than 5 years):				
City:		State:	ZIP Code:	
Drivers Lic.#:			State:	Expires:

REFERENCES

Please provide 2 adult references other than family members:

Name:		How long known?
Phone:	Relationship:	
E-mail:		
Name:		How long known?
Phone:	Relationship:	
E-mail:		

PREVIOUS EMS ORGANIZATION

Have you previously belonged to, or applied to another EMS organization? If so, which?

CERTIFICATIONS

Do have any certifications relating to EMS? (CPR/First Responder/EMT/Medic, etc.)
Please list them below and **provide copies with this application.**

1.	Expires:
2.	Expires:
3.	Expires:
4.	Expires:

AVAILABILITY

Are you available to serve during days? , nights , or both?

When are you available to start training?	Date:
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SIGNATURE

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 that I 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 of applicant:	Date:
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