

Type of application (check): Active Driver/Transport Date of application _____

WALL TOWNSHIP FIRST AID & RESCUE SQUAD
PO BOX 1105 WALL, NJ 07719

Federal and State laws prohibit discrimination in membership because of sex, age, race, color, religious creed, marital status, National origin, ancestry, height, weight, liability for service in the Armed Forces of the United States, or other non job-related handicap or disability.

Name _____
First Middle Last

Present Address _____
Street Town Zip Code

Age _____ DOB _____ Previous EMS Experience _____

Squad or Private Ambulance Service Name _____ Years of Service _____

Phone Number _____ Drivers License# _____ SS# _____

Has your driver's license ever been suspended? _____ Why? _____

As a squad member, I will actively support with my due share of time in fund raising activities, obey the rules and regulations of the By-laws, and protect the property of the squad at all times.

Upon leaving the squad, I will deliver to the squad all property in my possession.

The Wall Township First Aid & Rescue Squad reserves the right to reject or accept this application without giving reasons.

Signed _____

Have you ever been convicted of an indictable offense or felony crime? Yes No

If "Yes" explain _____

Signed _____

Since I am making application for membership in the Wall Township First Aid & Rescue Squad, you are therefore authorized to release to the Wall Township Police Department or the Wall Township First Aid & Rescue Squad Membership Committee, any and all information, documentary or otherwise pertaining to me that they may request.

Signed _____

If applicant is under the age of 18 years old, a parent or guardian signature is required.

Parent/Guardian Statement: As this applicant's parent/legal guardian, I have reviewed and attest to its accuracy and hereby allow the above stated person permission to submit application for membership.

Name and relation (PRINT) _____

Signed _____

Present Employer _____

Phone Number _____ How Long? _____

References

Name

Address

Phone

Approved _____ Date _____

Chairman membership Committee

A photo static copy of this authorization will be considered as effective and valid as the original, to be kept in the strictest confidence.