

BRADLEY BEACH FIRST AID SQUAD Inc.  
APPLICATION FOR MEMBERSHIP



Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail (print clearly) \_\_\_\_\_

How long have you lived at the above address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ - -

Previous first Aid Squad Membership if any: (Name of squad) \_\_\_\_\_ How Long: \_\_\_\_\_

Do you have any current certifications: EMT, EMR, CPR/AED, Other \_\_\_\_\_ (Please provide copies with application)

Drivers License # \_\_\_\_\_

Do you have a valid NJ. Drivers License \_\_\_\_\_ (Please provide a photo copy both sides with application)

Has your license been revoked or suspended in this State or any other State (if so explain) \_\_\_\_\_

Have you ever been convicted any felony or offense that might prevent you from serving on the squad. \_\_\_\_\_

**(A back ground and fingerprint check are required by the Borough before you may serve with the squad)**

**A docto's physical is also required you may choose to use our squad doctor or you may go to your own doctor.**

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**All information entered on this application is considered to be offered as a sworn statement  
an will be held in the strict confidence by the squad.**

1

It is understood that if any of my answers are found to be untrue the application will be rejected or I will be expelled from the squad even after attaining membership.

2

I agree that if accepted I will serve according to the constitution and Bylaws and under the direction of the duly elected officers.

3

I agree that all squad property , equipment, radios, pagers, emblems, uniforms, keys are on loan to me for use as an active member and are my responsibly. They are to be returned to the Squad immediately if I cease to be a member for any reason.

4

I authorize release to the Squad any information necessary to investigate my character and qualifications for membership with the Squad.

5

I agree to keep all Squad business and operational procedures confidential and all information concerning patient care in the strictest confidence.

\_\_\_\_\_   
I have read and agree to the above signed:

\_\_\_\_\_   
Date:

**DO NOT WRITE BELOW THIS LINE FOR ADMINASTIVE USE ONLY**

The membership committee has reviewed the application and find it to be in order and upon the results of the background check and doctor's physical report recommend that they be accepted to the Squad with full rights and privileges.

\_\_\_\_\_   
Signed Membership Committee

\_\_\_\_\_   
Signed Membership Committee

\_\_\_\_\_   
Date Accepted

\_\_\_\_\_   
Date Rejected

The membership committee has reviewed the application and find it not to be in order and recommends that they not be accepted to the Squad for the following reasons.

\_\_\_\_\_  
\_\_\_\_\_