



## APPLICATION FOR MEMBERSHIP

**INSTRUCTIONS:** FILL IN ALL QUESTIONS COMPLETELY, PRINT ALL INFORMATION IN INK OR USE TYPEWRITER. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND TRUTHFULLY. INCOMPLETE APPLICATION OR ANY MISREPRESENTATION IS CAUSE FOR REJECTION. USE THE BACK OF THIS FORM IF ADDITIONAL SPACE IS NEEDED.

THE BLUE RIDGE RESCUE SQUAD, INC. AND IT'S CADET AFFILIATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, OR CREED.

APPLICANT NAME (LAST, FIRST, MI) \_\_\_\_\_

SEX: M / F                      D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_                      AGE: \_\_\_\_\_                      SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

WHAT MUNICIPALITY DO YOU LIVE IN? \_\_\_\_\_ TWP. / BORO

HOW FAR (IN MILES) DO YOU LIVE FROM THE SQUAD BUILDING? \_\_\_\_\_

TELEPHONE NUMBER-HOME (    ) \_\_\_\_\_ BEST TIME TO BE CONTACTED \_\_\_\_\_ AM/PM

TELEPHONE NUMBER-CELL (    ) \_\_\_\_\_ BEST NUMBER TO BE CONTACTED: HOME / CELL

E-MAIL ADDRESS \_\_\_\_\_

DO YOU CURRENTLY HOLD A VALID DRIVERS LICENSE? Y / N

IF YES, WHAT STATE? \_\_\_\_\_ D.L. # \_\_\_\_\_

CURRENT POINT TOTAL \_\_\_\_\_ DATE OF LAST MOVING VIOLATION \_\_\_\_/\_\_\_\_

ARE YOU CURRENTLY IN HIGH SCHOOL? Y / N

IF YES, WHAT SCHOOL? \_\_\_\_\_

\*\*\* (PLEASE ATTACH A COPY OF YOUR LAST REPORT CARD OR A LETTER FROM A GUIDANCE COUNSELOR OF PROOF THAT YOU MAINTAIN A "C" OR GREATER AVERAGE IN ALL CLASSES.)

WHAT IS/WAS YOUR YEAR/EXPECTED YEAR OF GRADUATION FROM HIGH SCHOOL? \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Y / N

HAVE YOU EVER BEEN CONVICTED OF A CRIME ? Y / N

(ANSWERING YES TO THIS QUESTION DOES NOT NECESSARILY PRECLUDE YOU FROM MEMBERSHIP.)

DO YOU HAVE ANY MEDICAL CONDITIONS AND/OR MENTAL/PHYSICAL DISABILITIES THAT WOULD IMPAIR OR RESTRICT YOU FROM PERFORMING THE DUTIES OF AN EMERGENCY MEDICAL CARE PROVIDER? Y / N

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF ANY VOLUNTEER ORGANIZATION? Y / N

IF YES, LIST ORGANIZATION AND DATES OF SERVICE:

\_\_\_\_\_ FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
 REASON FOR LEAVING? \_\_\_\_\_  
 MAY WE CONTACT THIS ORGANIZATION AS A REFERENCE? Y / N

\_\_\_\_\_ FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
 REASON FOR LEAVING? \_\_\_\_\_  
 MAY WE CONTACT THIS ORGANIZATION AS A REFERENCE? Y / N

\_\_\_\_\_ FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
 REASON FOR LEAVING? \_\_\_\_\_  
 MAY WE CONTACT THIS ORGANIZATION AS A REFERENCE? Y / N

\*\*\*HAVE YOU EVER BEEN REJECTED OR DISMISSED FROM MEMBERSHIP FROM ANOTHER FIRST AID SQUAD OR VOLUNTEER ORGANIZATION? Y / N IF YES, EXPLAIN \_\_\_\_\_

ARE YOU COMMITTED TO DEVOTING THE TIME TO COMPLETE REQUIRED TRAINING? Y / N  
 ARE YOU COMMITTED TO ATTENDING ALL REQUIRED MEETINGS AND DRILLS OF THE BLUE RIDGE RESCUE SQUAD, INC., MAINTAINING YOUR CERTIFICATIONS, AS WELL AS FULFILLING THE OBLIGATIONS REQUIRED OF YOU FOR TAKING DUTY? Y / N

DO YOU CURRENTLY HOLD ANY VALID FIRST AID OR ANY OTHER SPECIALIZED TRAINING CERTIFICATIONS? Y / N  
 IF YES, LIST WITH DATE OF EXPIRATION AND PLEASE INCLUDE A COPY OF ALL CERTIFICATIONS

\_\_\_\_\_ EXP. \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ EXP. \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ EXP. \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ EXP. \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ EXP. \_\_\_/\_\_\_/\_\_\_

**EMPLOYMENT:**

Please list the names and addresses of employers for the past two years starting with the most recent. If self-employed, please list such and the nature of your work.

BUSINESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
 DESCRIPTION OF DUTIES \_\_\_\_\_  
 REASON FOR LEAVING? \_\_\_\_\_  
 DATES OF EMPLOYMENT \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ MAY WE CONTACT THIS EMPLOYER? Y / N

BUSINESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_  
DATES OF EMPLOYMENT \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ MAY WE CONTACT THIS EMPLOYER? Y / N

BUSINESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_  
DATES OF EMPLOYMENT \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ MAY WE CONTACT THIS EMPLOYER? Y / N

**REFERENCES:** PLEASE LIST THREE NON-RELATED U.S. CITIZENS OVER THE AGE OF EIGHTEEN (18), THAT YOU HAVE KNOWN FOR A PERIOD OF TWO YEARS OR GREATER, THAT WE MAY CONTACT AS REFERENCES.

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_ RELATIONSHIP? \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_ RELATIONSHIP? \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_ RELATIONSHIP? \_\_\_\_\_

**EMERGENCY CONTACT (ALL APPLICANTS):**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ ALTERNATE TELEPHONE # \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT (ALL APPLICANTS):**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ ALTERNATE TELEPHONE # \_\_\_\_\_

**DECLARATION (ALL APPLICANTS) :**

I, \_\_\_\_\_, HEREBY MAKE APPLICATION FOR MEMBERSHIP TO THE BLUE RIDGE RESCUE SQUAD, INC. IF ACCEPTED, I AGREE TO ABIDE BY THE CONSTITUTION AND THE BY-LAWS OF THE SQUAD. I UNDERSTAND THAT FALSIFICATION OF ANY FACT ON THIS APPLICATION IS JUST CAUSE FOR IMMEDIATE REFUSAL OF ACCEPTANCE OR DISMISSAL FROM THE SQUAD ONCE SUCH INFORMATION IS MADE KNOWN. I FURTHERMORE AGREE TO, BY SIGNING BELOW AND SUBMITTING THIS APPLICATION FOR REVIEW, ALLOW THE SQUAD, ITS INSURANCE COMPANY, REPRESENTATIVE, OR ANY LAW ENFORCEMENT AGENCY DEEMED APPROPRIATE TO PERFORM A CRIMINAL AND DRIVING BACKGROUND CHECK ON ME.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**PARENTAL PERMISSION [IF APPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE]**

(Please initial on line next to each condition and sign below)

\_\_\_\_ I GRANT PERMISSION FOR MY SON/DAUGHTER TO APPLY FOR CADET MEMBERSHIP TO THE BLUE RIDGE RESCUE SQUAD, INC.

\*\*\*The Blue Ridge Rescue Squad, Inc. accepts applicants for cadet membership only with permission of the applicant's parent or guardian. Parents should understand that the Blue Ridge Rescue Squad, Inc. has strict regulations/policies governing cadet members to insure his/her safety. These regulations can be discussed at a meeting with our cadet advisors if so desired. Cadet members are required to complete additional training programs after they are accepted into membership. Cadet members perform limited duties related to their age and amount of training completed and are restricted as to certain emergency calls to which they can and cannot answer (Assaults, Intoxicated Patients, Inmate Transports, etc.) as well as equipment he/she can or cannot operate ("Jaws of Life," driving ambulances, etc.) in compliance with New Jersey State Child labor Laws. The cadet advisors will be happy to answer any questions you may have about membership.

\_\_\_\_ I HEREBY GIVE MY SON/DAUGHTER PERMISSION TO RESPOND WITH THE BLUE RIDGE RESCUE SQUAD, INC. DURING THE FOLLOWING TIME PERIODS:

**SCHOOL NIGHTS**

6 pm through 10 pm                      YES                      NO  
10 pm through 6 am                      YES                      NO

**WEEKENDS**

6 am through 10 pm                      YES                      NO  
10 pm through 6 am                      YES                      NO

**NON-SCHOOL DAYS**

Any available Time                      YES                      NO  
Specific days/times                      YES                      If yes, please specify below

MON \_\_\_\_ TUES. \_\_\_\_ WED \_\_\_\_ THUR \_\_\_\_ FRI \_\_\_\_ SAT. \_\_\_\_ SUN. \_\_\_\_

Specify times above

\*\*\*PLEASE SPECIFY ANY OTHER TIMES OR RESTRICTIONS \_\_\_\_\_

IF ANY QUESTIONS ARISE, I CAN BE CONTACTED AT \_\_\_\_\_

\_\_\_\_ I GIVE MY PERMISSION TO THE BLUE RIDGE RESCUE SQUAD SENIOR MEMBER, CADET ADVISOR, OR OFFICER TO SEEK MEDICAL TREATMENT FOR MY SON/DAUGHTER, IN CASE OF INJURY OR ILLNESS WHICH IS INCURRED WHILE PARTICIPATING IN A SQUAD SPONSORED ACTIVITY OR EMERGENCY CALL IF I CANNOT BE REACHED IMMEDIATELY TO GIVE MY CONSENT TO MEDICAL PERSONNEL.

\_\_\_\_ I HAVE VERIFIED THAT ALL INFORMATION PROVIDED ON THIS APPLICATION BY MY SON/DAUGHTER IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

**PARENT/GUARDIAN CONTACT INFORMATION (TELEPHONE #)**

MOTHER: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL)

FATHER: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL)

I, \_\_\_\_\_ (CADET APPLICANT), UNDERSTAND THE RESTRICTIONS PLACED ON ME BY MY PARENT/ GUARDIAN AND AGREE TO ABIDE BY THEM.

CADET SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_