

Pleasant Plains Volunteer First Aid Squad

44 Clayton Avenue
Toms River, NJ 08755

Phone: 732-341-0214
Fax: 732-341-8376



Established
1960

APPLICATION FOR MEMBERSHIP

Date: ___ / ___ / _____

Name _____ Social Security ___ - ___ - _____ DOB ___ / ___ / _____

Address _____ How long have you been at this address? _____

Where did you live before? _____ How long did you live there? _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-mail Address _____ Current Employment _____

Are you related to anyone on a First Aid Squad? _____

Have you been previously accepted or declined by a First Aid Squad? _____

Were you recommended by anyone? Yes No If Yes, who _____

Have you ever been convicted for violations of any law or ordinance (including traffic)? _____

Have you ever been convicted of a felony? Yes No If Yes, please explain _____

Have you ever been bonded? Yes No Have you ever been refused bond? Yes No

Licenses you hold: NJ Driver's License D/L # _____ Exp. ___ / ___ How long? _____

CDL D/L # _____ Exp. ___ / ___ How long? _____

Other State: _____ D/L # _____ Exp. ___ / ___ How long? _____

Have you had any motor vehicles accidents in the last 3 years? Yes No If Yes, please explain _____

Total number of points against your license? _____ Has your license ever been suspended? Yes No

DOVER TOWNSHIP, NEW JERSEY

EDUCATION

High School _____ Graduation Year _____
College _____ Graduation Year _____
Major _____ Degree _____
Trade School _____ Graduation Year _____
Further Education or Training Desired _____ Are you currently in school? Yes No
Do you have any special qualifications or technical training? Yes No If Yes, please explain _____

EMPLOYMENT

Present or last employer _____ Years there _____
Address _____ Phone (_____) _____ - _____
May we contact your employer as a reference? Yes No If Yes, who to contact _____

EMERGENCY SERVICES BACKGROUND

Certification History: CPR Exp. _____ EMT Exp. _____ CEVO Firefighter HAZMAT Level ____ Date ____ / ____
When are you currently available for EMS related activities? _____
Are you qualified and/or certified to teach any EMS related courses? Yes No If Yes, please list _____

REFERENCES

Please provide three (3) references that you are not related to:

Name _____ Address _____ Phone (_____) _____ - _____
Name _____ Address _____ Phone (_____) _____ - _____
Name _____ Address _____ Phone (_____) _____ - _____

Applicant's Declaration

If accepted under this application I agree to comply with all orders, rules, regulations, and duties of the Squad. I further agree that I am of sound mind and body, and will submit to a written psychological examination and a physical examination to be performed by the squad's physician. By signing and submitting this application, I give consent to the Pleasant Plains First Aid Squad to perform a routine police background check, substance use test, and motor vehicle check prior to my acceptance as a member. The answers to the foregoing are true to the best of my knowledge and belief. It is understood that any false statement on this application is sufficient cause for immediate rejection or dismissal.

Signature _____ Date: ____ / ____ / _____

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