



HERBERTSVILLE FIRST AID SQUAD, INC.



375 Herbertsville Road

Brick, NJ 08724

(732) 840-9116

Member New Jersey State First Aid Council

MEMBERSHIP AGREEMENT

I, _____, DO SOLEMNLY SWEAR THAT I SHALL LIVE UP TO THE IDEALS AND TRADITIONS OF THE HERBERTSVILLE FIRST AID SQUAD. I AGREE TO RESPOND TO EMERGENCY AND FIRE CALLS WHENEVER POSSIBLE AND TO ATTEND MEETINGS AND DRILLS REGULARLY. I AGREE TO REFRAIN FROM DISCUSSION WITH NON-MEMBERS INTIMATE DETAILS CONNECTED WITH THE WORK OF THE SQUAD. I AGREE TO EXPECT NO FINANCIAL COMPENSATION FOR ANYTHING DONE TOWARDS CARRYING OUT THE PURPOSE OF THE SQUAD AS OUTLINED IN THE CONSTITUTION. I AGREE THAT UPON MY RESIGNING OR RETIRING MEMBERSHIP IN THE SQUAD I WILL RETURN ANY INSIGNIA, EQUIPMENT AND UNIFORMS BELONGING EITHER TO THE SQUAD OR FIRST AID COUNCIL.

DATE

SIGNATURE OF MEMBER



HERBERTSVILLE FIRST AID SQUAD, INC.



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MEMBERSHIP APPLICATION

DATE: _____

MEMBERSHIP APPLYING FOR:

ACTIVE RIDING MEMBER

SPECIAL RIDING MEMBER

DRIVER ONLY

CADET MEMBER

ASSOCIATE MEMBER

APPLICANT INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP
TELEPHONE #	CELL #	DRIVERS LICENSE #	SOCIAL SECURITY #

ANY POINTS ON YOUR LICENSE: _____ HOW MANY: _____

CERTIFICATIONS:

EMT EXPIRATION DATE: _____

CPR EXPIRATION DATE: _____

BASIC FIRST AID EXPIRATION DATE: _____

ICS 100/NIMS 700 EXPIRATION DATE: _____

OTHER CERTIFICATIONS: _____

PAST ORGANIZATIONS:

ARE YOU CURRENTLY, OR HAVE EVER BEEN, A MEMBER OF ANY OTHER FIRST AID SQUAD OR FIRE COMPANY: _____

COMPANY NAME: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

PERIOD OF TIME: _____

REASON FOR LEAVING: _____

INTERVIEWING COMMITTEE SIGNATURES

1. _____ 2. _____ 3. _____



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1.) DO YOU HAVE ANY HANDICAPS THAT WOULD PREVENT YOU FROM PERFORMING DIFFERENT ASPECTS OF FIRST AID? _____

IF SO, PLEASE EXPLAIN: _____

2.) HAVE YOU BEEN HOSPITALIZED OR HAVE YOU EVER BEEN SERIOUS ILL IN THE PAST FIVE (5) YEARS? _____

IF SO, PLEASE EXPLAIN: _____

3.) HAVE YOU EVER BEEN CONVICTED OF A CRIME ? _____

IF SO, PLEASE EXPLAIN: _____

4.) WHAT MADE YOU BECOME INTERESTED IN JOINING THE FIRST AID SQUAD: _____

EMERGENCY CONTACT:

CONTACT NAME TELEPHONE # ADDRESS CITY

CONTACT NAME TELEPHONE # ADDRESS CITY

SIGNATURE OF APPLICANT

DATE



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CRIMINAL BACKGROUND AND DRIVER LICENSE CHECK

I, _____ (PRINT NAME) HERBY GIVE
HERBERTSVILLE FIRST AID SQUAD PERMISSION TO PERFORM A CRIMINAL
BACKGROUND CHECK AND OBTAIN A DRIVERS ABSTRACT. I UNDERSTAND
THE RESULTS OF THE CHECKS MIGHT AFFECT MY APPLICATION AND
ACCEPTANCE ON THE HERBERTSVILLE FIRST AID SQUAD.

SIGNATURE OF APPLICANT

DATE

