



# JAMESBURG FIRST AID SQUAD

"Helping Neighbors, Saving Lives" since 1937



## APPLICATION FOR GENERAL MEMBERSHIP

Please attach copies of all certifications including:  
EMT, CPR, Driver's License, HazMat, First Responder

Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
 Home: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Education:  High School \_\_\_\_\_ Year graduated: \_\_\_\_\_  
 College \_\_\_\_\_ Year graduated: \_\_\_\_\_  
 Current Occupation: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Supervisor/Employer: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_  
 Please list any current EMS related certifications you possess: \*Please attach a copy\*

Driver License: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State: \_\_\_\_\_ \*Please attach a copy\*  
 Has your license ever been suspended or revoked? (YES/NO)  
 If YES, Please explain \_\_\_\_\_  
 Have you ever been convicted of a crime? (YES/NO)  
 If YES, Please explain \_\_\_\_\_  
 Do you have any pending charges? (YES/NO)  
 IF YES, Please explain \_\_\_\_\_  
 How long have you resided at your current address? \_\_\_\_\_  
 If less than 5 years, where did you previous live? \_\_\_\_\_  
 Do you have any disabilities or pre-existing medical conditions that would prohibit you from performing the work necessary to be an EMT? (YES/NO)  
 If YES, please explain \_\_\_\_\_

What is your availability to respond to emergency calls? **Please check all that apply**

Duty Crews (7:00pm to 5:00am)  
 Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
 Weekend Days

# JAMESBURG FIRST AID SQUAD

"Helping Neighbors, Saving Lives" since 1937

Have you ever been a member of an Emergency Service Agency? (List more on separate sheet)

- 1) Agency: \_\_\_\_\_ Type:  EMS  Fire  Police  Other \_\_\_\_\_  
Dates of Membership: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_
- 2) Agency: \_\_\_\_\_ Type:  EMS  Fire  Police  Other \_\_\_\_\_  
Dates of Membership: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_
- 3) Agency: \_\_\_\_\_ Type:  EMS  Fire  Police  Other \_\_\_\_\_  
Dates of Membership: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_

References: Please provide **THREE** references. **Only ONE** can be **RELATIVES or SQUAD MEMBERS!**

- 1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

In consideration of my membership,

- 1. I agree to abide by the By-Laws, Rules and Regulations, Standard Operating Guidelines, Chief's Rules and written directives of JFAS.
- 2. I authorize investigation of all facts and statements in this application. I understand that misrepresentation or omitting of pertinent information is cause for rejection of this application and dismissal from the squad.
- 3. I consent to a Criminal History Background Check at the request of JFAS.
- 4. I understand that if I am accepted as probationary member and do not complete the probationary period (by resignation, abandonment, or removal for cause), all expenses incurred by the JFAS must be reimbursed in full **within 45 days of separation**.
- 5. I agree to maintain all equipment issued by JFAS to the best of my ability. I promise to return all JFAS equipment **immediately** upon request of an administrative and/or line officer or upon the conclusion of my membership from JFAS.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE NOTE: Applications will not be considered if they are not completely filled out. All information is CONFIDENTIAL!

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Accepted/Rejected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Probation: Start \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Length \_\_\_\_\_ Months Completion \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signatures: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Membership Chair) (President) (Secretary)

**JAMESBURG FIRST AID SQUAD**

*"Helping Neighbors, Saving Lives" since 1937*

**CRIMINAL HISTORY CHECK RELEASE FORM**

I, \_\_\_\_\_, agree to a Criminal History  
(PRINT FULL NAME)

Background Check as part of the application process to become a member of the Jamesburg First Aid Squad.

Applicant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

*for Jamesburg First Aid Squad* -----

Membership Chair: \_\_\_\_\_ DATE: \_\_\_\_\_

President: \_\_\_\_\_ DATE: \_\_\_\_\_

Chief: \_\_\_\_\_ DATE: \_\_\_\_\_

*for Jamesburg Police Department* -----

DATE of Fingerprints: \_\_\_\_\_

History Found

History Not Found

Authorized Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_