

BEACH HAVEN FIRST AID SQUAD – APPLICATION FOR MEMBERSHIP

Date _____

Name _____

Local Address _____

Permanent Address _____

Cell Phone No. _____

E-Mail Address _____

Type of Membership: Regular ___ Summer ___ Associate/Squad Name _____

Date of Birth _____ Occupation _____

List all Certifications You Now Hold _____

Please Provide a Copy of All Certifications and Driver's License

Pursuant to the laws of the State of New Jersey, we are required to conduct a criminal history and motor vehicle background check of all applicants. Do you give us your permission to do so?

Yes _____ No _____ Social Security No. _____

Note: All social security numbers are destroyed following completion of background checks.

Do you have any health problems or disabilities that may be impacted by your service as an EMS volunteer? _____

Proposed by _____

Applicant Signature _____

Parent's Signature if Applicant is Under 18 _____