

**Avon-by-the-Sea Volunteer First Aid & Safety Squad**

**Application for Membership**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

How long at this address: \_\_\_\_\_ How long in State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Previous address (if at above address less than two years):

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you possess a valid New Jersey driver's license?    Yes    /    No

If no, do you intend to obtain one?                      Yes    /    No

If so, when? \_\_\_\_\_

Please state the highest level of education you have achieved:

\_\_\_\_\_

Have you ever had any first aid, CPR, EMT or other medical training? If yes, please list the training or certification you received, and state whether it is current or the year it expired:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When are you available for squad activities? \_\_\_\_\_

\_\_\_\_\_

Why do you want to join the squad? \_\_\_\_\_

\_\_\_\_\_

Applicant name: \_\_\_\_\_

**References:**

List at least one person who has known you for at least one year, who would be able to act as a character reference.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**Notice:**

Pursuant to Avon Borough Ordinance 17-3.1, all applicants to join the first aid squad must submit to a criminal history check. The following information is required by that Ordinance:

Social security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Please state whether you have ever been convicted of arson, creating a false public alarm, or any crime or disorderly persons offense: Yes / No

If yes, please list the crime or offense; the degree of the crime or offense; the date of conviction; and the town, county and state in which you were convicted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Avon-by-the-Sea Police Department will conduct the criminal history check. You will be fingerprinted by the police department.

Applicant name: \_\_\_\_\_

**Declaration**

If I am accepted as a member of the Avon-by-the-Sea Volunteer First Aid & Safety Squad, I agree to comply with all orders, rules and regulations of the squad.

The information I have submitted in this application is true. I understand that misrepresentation or material omission of fact in this application is sufficient basis for rejection of my application or dismissal from the squad at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**Do not write below this line**

Date received: \_\_\_\_\_

Date acted on: \_\_\_\_\_

Approved by investigation committee: Yes / No      Date: \_\_\_\_\_

Date of probation: \_\_\_\_\_

Date of regular member: \_\_\_\_\_

Date retired: \_\_\_\_\_

\_\_\_\_\_  
Secretary signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary print name