

**Avon-By-The-Sea**  
**First Aid & Safety Squad 8621**

**Application For Membership**  
(Please Fill In Application In Own Hand Writing)

Applications are considered for membership without regard to sex, age, race, religion, marital or veteran status, national origin, ancestry, or disability.

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Tel#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

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

Previous address: \_\_\_\_\_ How long: \_\_\_\_\_  
\_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ US Citizen: Yes / No

Marks/Scars/Amputations/Tattoos: \_\_\_\_\_

Maiden Name/Aliases: \_\_\_\_\_

Are you employed: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you related to anyone in a first aid squad: \_\_\_\_\_

Recommended by: \_\_\_\_\_

Address: \_\_\_\_\_ Tel# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Membership in the Avon First Aid Squad involves the driving and operating of emergency vehicles.**

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

If yes, provide license number: \_\_\_\_\_

If no, do you intend to obtain a valid New Jersey Driver's license: Yes    /    No

If so when: \_\_\_\_\_

**Education**

<b>Name &amp; Location</b>	<b>Years attended</b>	<b>Year graduated</b>	<b>Major course</b>
Grammar School			
High School			
College or University			
Business College			

Further education or training desired: \_\_\_\_\_

Now studying: \_\_\_\_\_ What: \_\_\_\_\_ Where: \_\_\_\_\_

Have you any special qualifications or technical training: \_\_\_\_\_

**Military Service**

Date entered: \_\_\_\_\_ Date released: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

## Employment

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Tel# ( ) \_\_\_\_ - \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

### **If under one year:**

Next previous employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Tel# ( ) \_\_\_\_ - \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Remarks: \_\_\_\_\_

## Miscellaneous

Have you ever had any EMT, Paramedic, or First Aid training (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a First Aid card: \_\_\_\_\_ What type of card: \_\_\_\_\_

Date received: \_\_\_\_\_ When does (did) it expire: \_\_\_\_\_

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

Name other organizations to which you belong (other than religious and political):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pursuant to Avon By The Sea Borough Ordinance #25-1993, you**

**are required to provide the following information:**

1 – Any conviction of N.J.S. 2C:17-1

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- a. – Aggravated Arson or
  - b. – Arson or
  - c. – Failure to control or report dangerous fires or
  - d. – Directly or indirectly pay or accept any form of consideration for the purpose of starting a fire
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2 – Any conviction of N.J.S. 2C:33-3 False Public Alarms

3 – Any conviction of a crime or disorderly persons violation

In the application process, Avon By The Sea First Aid and Safety Squad. Inc., may verify the information and/or obtain additional information relating to my background. I authorize all persons, schools, companies, businesses, credit bureaus, and law enforcement agencies to supply any information regarding my background. I also agree to submit to a physical examination by a licensed physician and agree to be fingerprinted by a representative of the appropriate local law enforcement agency.

Signature: \_\_\_\_\_

### **Applicant's Declaration**

If acceptance is obtained under this application, I agree to comply with all orders, rules, and regulations of the squad.

The answers to the foregoing are in my own handwriting and are true to the best of my knowledge and belief. It is understood that discovery of misrepresentation or omission of facts on this application is sufficient cause for rejection or dismissal at any time.

Signature: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE – ADMINISTRATION PURPOSES ONLY**

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Applicant's name: \_\_\_\_\_

First received: \_\_\_\_\_

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

Date approved by investigation committee: \_\_\_\_\_

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

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

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

Comments: \_\_\_\_\_

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Secretary: \_\_\_\_\_

(print name)

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

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## Medical History

Heart: \_\_\_\_\_ Rupture: \_\_\_\_\_  
Tuberculosis: \_\_\_\_\_ Fainting spells: \_\_\_\_\_  
Kidney: \_\_\_\_\_ Rheumatism: \_\_\_\_\_  
Others: \_\_\_\_\_ Prior injuries: \_\_\_\_\_  
Habits: Alcohol- \_\_\_\_\_ Orthopedic problems: \_\_\_\_\_  
Drugs- \_\_\_\_\_

## Physical Findings

Hernia: \_\_\_\_\_  
Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_  
Throat: \_\_\_\_\_ Nose: \_\_\_\_\_  
Neck: \_\_\_\_\_  
Lungs: \_\_\_\_\_  
Heart: \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Abdomen: \_\_\_\_\_  
Venereal: \_\_\_\_\_  
Extremities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Laboratory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_

Signed: \_\_\_\_\_ (Physician)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_