Pompton Lakes First Aid Squad
700 Ramapo Ave, Pompton Lakes N.J. 07442
(973-835-1480)

Application for Membership

Personal

Name: _____. Date: ___/___/___.
Last First MI

Home Address: _____. Phone: _____.

City: _____. State: _____. Zip Code: _____.

Length of Time at this address: _____.

If length of time at present address is less than 3 years please give prior address (es).

_____.

_____.

_____.

_____.

Date of Birth: ___/___/___. Age: _____. Social Security #: _____.

Do you have a valid New Jersey Drivers License? Yes ☐ No ☐
(Membership requires a NJ Drivers License)

If yes please provide the following information:

Driver's License #: _____. Expiration Date: _____.

Employer

Name: _____. Occupation : _____.

Address : _____. Phone : _____.

City : _____. State: _____. Zip Code: _____.

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Emergency Notification

Name: _____. Relationship : _____.

Address : _____. Phone : _____.

City: _____. State: _____. Zip Code: _____.

Education

Elementary School: _____. Dates From: _____. To: _____.

High School : _____. Dates From: _____. To: _____.

College : _____. Dates From: _____. To: _____.

Military Service Yes ☐ No ☐

If yes please supply the following information:

Branch: _____. Dates From: _____. To: _____.

Type of Discharge: _____.

Referrals

How were you referred to the Squad? _____.

Are you aquatinted with any present or past member(s) of the squad? Yes ☐ No ☐

If yes, please list name(s): _____.

_____.

Have you ever applied to or been a member of this squad or any other first aid squad or fire department?
Yes ☐ No ☐

If yes, please list squad name:

_____.

_____.

_____.

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Availability for Calls and Duty

☐ Days (Open)

☐ Nights (6pm to 5am Monday through Friday)

If nights : 1st preference : Mon Tue Wed Thu Fri 2nd preference : Mon Tue Wed Thu Fri

*All members cover Saturday and Sunday on a rotating schedule. Shifts on weekends are 24 hours.

Do you currently have any points on your driver's license? Yes ☐ No ☐

If yes, please give the following information : (if you need more space, attach a separate sheet)

State	Date	Reason	Number of Points

Have your driving privileges been suspended or revoked in this state or any other state? Yes ☐ No ☐

If yes, please give the following information : (if you need more space, attach a separate sheet)

State	Suspension Or Revocation	Reason	Date of Restoration

Have you ever been arrested and/or convicted of any crime (other than minor Motor Vehicle violations) in this state or any other state? Yes ☐ No ☐

If yes, please give the following information : (if you need more space, attach a separate sheet)

State	Date	Reason

Have you ever been treated for substance abuse? Yes ☐ No ☐

If yes, please give the following information : (if you need more space, attach a separate sheet)

State	Date	Reason

Are you involved in other service organizations or clubs? Yes ☐ No ☐

If yes, please list all organizations, and status in them:

_____.

_____.

_____.

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Medical Information

How would you describe your general health?

_____.

_____.

Have you been treated for any serious illness or injury in the past five years? Yes ☐ No ☐

If yes, please explain.

_____.

_____.

Have you been hospitalized in the past three years? Yes ☐ No ☐

If yes, please explain.

_____.

_____.

Do you suffer from chronic illness? Yes ☐ No ☐

If yes, please explain and list all medications you are on and physical limitations.

_____.

_____.

Do you have any disability or handicap that would limit your physical activities involved in first aid?
Yes ☐ No ☐

If yes, please explain.

_____.

_____.

Date of last physical: _____.

Name and address of family Doctor(s):

_____.

_____.

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EMS Training

YES	NO	Course	Expiration Date
		CPR (American Red Cross)	
		CPR (American Heart Association)	
		EMT	
		First Responder	
		Other	
		Other	

The following two sections are for **Squad Use Only**

Membership Record

Documentation Provided Driver's License ☐ CPR Card ☐

Probationary Membership
Accepted ☐ Rejected ☐ Date: _____.

Active Membership
Accepted ☐ Rejected ☐ Date: _____.

_____. _____.
Chief Crew Chief / Training Officer

Termination Information

Resignation Accepted: Date: _____.

Indicate if member has applied for and been granted an alternate membership status.

Reason for resignation: _____.

_____.

_____.

Other Termination: _____.

_____.

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Please list below the names, addresses and phone numbers of three persons you have known for three (3) or more years (no relatives or employers please) that we can contact for a reference:

Name	Address	Phone

I understand that:

- I certify that I am at least eighteen (18) years of age.
- The information contained in this application will remain confidential.
- Submission of this application does not mean automatic acceptance as a member of the Squad.
- My application for membership will be discussed at an upcoming regular business meeting of the squad.
- All information in this application will be verified and references will be contacted.
- I am a resident of Pompton Lakes or Riverdale.

In connection with the application process and my potential membership, I agree:

- To make myself available, if requested, to meet with the Investigating Committee to discuss my application
- To notify the Chief or Captain of any changes in information contained in this application as they occur (prior to or during my membership).
- To return to the Pompton Lakes First Aid Squad any and all equipment and clothing issued, in the same condition as received, with reasonable wear and tear, upon my resignation, termination suspension or leave of absence.

I hereby declare that all questions have been answered truthfully. I am aware that if any question is answered incorrectly or falsely, it will be grounds for rejection or dismissal from the **Pompton Lakes First Aid Squad**. I hereby authorize the **Pompton Lakes Police Department** and the NJ State police departments to conduct an investigation on my background. Both driving and criminal history will be investigated.

Date : _____. Signature of applicant: _____.

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Physical Exam

Does the applicant have or ever told they have had any of the below medical conditions?

____ASTHMA
____HEART DISEASE
____HYPERTENSION
____BROKEN BONES / DISLOCATED JOINTS
____PROBLEMS WITH EYES, EARS, NOSE, OR THROAT
____DRUG OR ALCOHOL ABUSE OR ADDICTION
____BACK INJURY
____MUSCLE DISEASE
____HERNIA
____TUBERCULOSIS
____MENTAL DISORDERS
____KIDNEY PROBLEM
____DIZZINESS, FAINTING
____HEADACHES
____CANCER
____DIABETES
____SEIZURES
____ULCERS
____EATING DISORDERS
____ANEMIA

Does the applicant have any injuries or conditions that would inhibit heavy lifting and or strenuous activity, consistent with emergency medical care?

If yes, explain
_____
_____

Physical

Age _____ Height _____ft _____in. Weight _____

Eyesight Uncorrected _____ Corrected Left Eye_____ Right Eye_____

Hearing Left _____ Right _____ Pulse at Rest _____ Blood Pressure _____

Physicians Comments:
_____
_____

I hereby certify that as a licensed physician in the state of New Jersey that the applicant is physically capable of serving on the Pompton Lakes First Aid Squad, in all capacities.

Date Examined _____ Physicians Name and Address_____
_____
_____

Physicians Signature_____
Date _____