



WEEHAWKEN VOLUNTEER FIRST AID SQUAD

Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security No: _____ Driver's License & State _____

Date Of Birth : _____
MALE FEMALE

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever Volunteered with WVFAS? YES NO If yes, when? _____

Do you have any Motor Vehicle violations or accidents? YES NO

If yes, explain: _____

Have you ever been convicted of a crime or felony? YES NO

If yes, explain: _____

Do you have any communicable diseases, disabilities or impairments that may hinder patient care or harm patients? YES NO

If yes, explain: _____

Do you have any First Aid Training YES NO

If yes, explain: _____

Emergency Contact

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Relationship _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three Personal references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Current Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Please provide a statement on why you would like to join the Weehawken Volunteer First Aid Squad, also list prior EMS Experience & reason for leaving

Comments – Office Use Only

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Weehawken Volunteer First Aid Squad
Please read and sign below

Full Name: _____ Date of Birth: _____
Last First M.I.

By my signature below I state the facts set forth in my application are true & complete. I understand that if accepted as a member of the Weehawken Volunteer First Aid Squad, any false statements on this application will result in my termination from the Weehawken Volunteer First Aid Squad. I further understand that this application is not a promise of membership.

I also hereby permit the Weehawken Volunteer First Aid Squad to perform both a criminal records check and a motor vehicle records check on my background, and do hereby release and hold harmless the Weehawken Volunteer First Aid Squad and its officers and personnel from all action that may arise from such a search.

Signature of Applicant : _____ Date: _____

Special note for minors:

If the applicant is under the legal age of 18 at the time this application is made the parent or legal guardian of the applicant must consent & give permission.

Parent / Guardian information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Relationship _____

As the parent or legal guardian of the applicant I give my permission to join the Weehawken Volunteer First Aid Squad. I further acknowledge the above statements regarding records checks and agree.

Signature of Parent / Guardian : _____ Date: _____

This Page for Squad use only

Full Name: _____ Start Date: _____
Last First M.I.

Application Status ACCEPTED HOLDING REJECTED

Identago Morpho Trak ID _____

By signature below, I acknowledge receipt of the property of the Weehawken Volunteer First Aid Squad listed below. I further agree that upon my resignation, suspension, or expulsion from the Squad that I will returner all articles for which I have signed below.

All listed articles are the sole property of the Weehawken Volunteer First Aid Squad

Item	Member Initials	Date Issued	Condition Issued	Officer Initials	Date Returned	Officer Initials
Summer Jacket						
Winter Jacket						
Summer Jacket						
Winter Jacket						
Pants						
Squad Keys						
Squad Peg						
Badge/ID						
Other:						
Other:						
Other:						

Signature of Applicant : _____

Date: _____

This Page for Squad use only – IDENTIFICATION

By signature below, I certify that the identification cards I have provided the Weehawken Volunteer First Aid Squad are bona fide genuine and not a forgery or an alteration of any kind.

Signature of Applicant : _____

Date: _____