

Bradley Gardens First Aid & Rescue Squad Inc.
P.O. Box 6522, Bridgewater, NJ 08807

APPLICATION FOR MEMBERSHIP

Squad Position Applying For: _____ **Date:** _____
Regular=over age 18 and not trained, Cadet=ages 16-18, EMT=already certified

Personal Information

Full Legal Name: _____

Maiden Name if Married Less than 2 Years: _____

Street Address: _____

City: _____ **Zip:** _____

Previous Address (only if you have lived at the above address for less than 2 years):

City: _____ **Zip:** _____

Home Phone #: _____ **Cell Phone #:** _____

Email Address: _____

Date of Birth: _____ **Age:** ____ **Sex:** ____ **SS#:** _____ - _____ - _____

Driver's License #: _____ **Exp. Date:** _____

* Please attach a copy of your driver's license or state certified identification to this application.

Marital Status: _____ **Spouse's Name (if applicable):** _____

List Any Physical Handicaps: _____

Have you ever been convicted of a crime? _____

If yes, please explain: _____

Do you have offenses on your driving record? _____

If yes, please explain: _____

Will you agree to a police background check and fingerprinting? Yes ____ No ____

Will you agree to a physical by a licensed medical doctor if asked? Yes ____ No ____

Employment

Name of Employer: _____

Employer's Address: _____

City: _____ **Zip:** _____

Phone #: _____ **Supervisor:** _____

Occupation: _____

Years Worked: _____ **Normal Work Hours:** _____

Emergency Services Experience

**Please attach all of your certifications if any (e.g. EMT, CPR, ICS, etc.).
**Please attach another page if you need to elaborate on your EMS experience.*

Name of Organization: _____

Address of Organization: _____

City: _____ **Zip:** _____

Years of Membership: _____ **Current Status With This Organization:** _____

Reason for Leaving: _____

Education

Highest Level of Formal Education: _____

Please list all education related to EMS with expiration dates of cards where applicable:

References – Must be 5 legal aged adults & no more than 1 from this squad please

Name: _____

Address: _____

Email: _____

Phone #: _____ **Type of Reference:** Friend Family Professional Teacher

Name: _____

Address: _____

Email: _____

Phone #: _____ **Type of Reference:** Friend Family Professional Teacher

References – Continued

Name: _____

Address: _____

Email: _____

Phone #: _____ **Type of Reference:** Friend Family Professional Teacher

Name: _____

Address: _____

Email: _____

Phone #: _____ **Type of Reference:** Friend Family Professional Teacher

Name: _____

Address: _____

Email: _____

Phone #: _____ **Type of Reference:** Friend Family Professional Teacher

Name: _____

Address: _____

Email: _____

Phone #: _____ **Type of Reference:** Friend Family Professional Teacher

Acknowledgement

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of membership, I understand that false or misleading information given in my application or interview may result in discharge from the organization. I also understand that I am required to abide by rules and regulation of the organization.

Signature: _____ **Date:** _____

Parent/Guardian's Name (if applicable): _____

Parent/Guardian's Signature: _____ **Date:** _____

Do Not Write Below This Line – Office Use Only

Date Accepted as a Probationary Member: _____

Officer's Signature: _____ **ID #:** _____

Date Accepted as a Regular Member: _____

Officer's Signature: _____ **ID #:** _____