

**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 legal aged)– Please use these guidelines:**  
No more than 1 family member, should not be from your household.  
No more than 1 member from this rescue squad.  
All information is required, including email addresses.

**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 #:** \_\_\_\_\_