

Summit Volunteer First Aid Squad Application for Membership

Return to: Summit Volunteer First Aid Squad
Attn: Membership
PO Box 234
Summit, NJ 07902-0234

Visit us on the web: www.summitems.org

Personal Information

First Name		Middle Name	Last Name	E-Mail Address	
Home Address - Street			City	State	Zip Code
Home Telephone ()		Cell Phone ()		Date of Birth	
Employer/School					
Employer/School Address			City	State	Zip Code
Employer/School Telephone ()		Social Security #			
Driver's License Number		Issuing State	# Years Driving		
Have your driving privileges ever been revoked? Yes / No If yes, please explain:					
Have you ever been convicted of a crime? Yes / No If yes, please explain:					
By signing this application I certify that all information contained herein is true. I further authorize the Summit Volunteer First Aid Squad to perform a criminal background check and a motor vehicle records check					
Applicant Signature:			Applicants under 18 years of age must have a legal guardian signature:		

Indicate times available

First Aid Training

	AM	PM	Card	Expiration Date
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please provide the names of two persons (unrelated to you) for references

Name			Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Relationship			Relationship		
Number of Years Known			Number of Years Known		
Telephone ()			Telephone ()		

Is there any other training or experience which you feel would be applicable to the first aid squad?

Interviewed _____ Introduced _____ Proposed _____ Voted In _____ Personnel Lt. _____