

LACEY TOWNSHIP FIRST AID SQUAD

Membership Application
Please Answer All Questions



Send Completed Applications to:
Lacey Township First Aid Squad
Attn: Membership
PO Box 289
Forked River, NJ 08731

LACEY TOWNSHIP FIRST AID SQUAD

MEMBERSHIP APPLICATION

Personal Information

| | | |
|-----------|------------|----|
| Last Name | First Name | MI |
|-----------|------------|----|

Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|------------|------------|
| Home Phone | Cell Phone |
|------------|------------|

| | |
|---------------|--------------------|
| Email Address | Cell Phone Carrier |
|---------------|--------------------|

| | |
|---------------|------------------------|
| Date of Birth | Social Security Number |
|---------------|------------------------|

| | |
|-------------------------|----------|
| Driver's License Number | DL State |
|-------------------------|----------|

EMS/Fire Affiliations

Are you Currently riding on another First Aid/EMS Agency or Fire Department?

Yes/No

Company Name

Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|---------------|--------------|
| Chief/Captain | Phone Number |
|---------------|--------------|

Certifications

Please List Any Pertinant Certifications with Expiration Dates Below:

LACEY TOWNSHIP FIRST AID SQUAD

MEMBERSHIP APPLICATION

Current Employer

Company Name

Address

City

State

Zip Code

Supervisor

Cell Phone

References

1. _____
Name

Address

City

State

Zip Code

Relationship

Phone

2. _____
Name

Address

City

State

Zip Code

Relationship

Phone

3. _____
Name

Address

City

State

Zip Code

Relationship

Phone

LACEY TOWNSHIP FIRST AID SQUAD

MEMBERSHIP APPLICATION

Legal

Have you ever plead guilty or been found guilty of a crime, disorderly persons offense, moving violation, or felony?

If Yes, Explain:

As an applicant for a position with the Lacey Township First Aid Squad, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If accepted, I understand that I may be separated from membership if the Lacey Township First Aid Squad later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Lacey Township First Aid Squad the right to contact the references I have provided and talk with current or former Chiefs or Captains. I release the Lacey Township First Aid Squad and its representatives from all liability for seeking such information. I understand that the Lacey Township First Aid Squad is an equal-opportunity organization and does not discriminate in it application process. I understand that the Lacey Township First Aid Squad will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that acceptance to the Lacey Township First Aid Squad involves completion of criminal background and driver history checks.

Print

Sign

Date

DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY

Date Received

Date Accepted

Officer's Signature

Status Accepted

Squad Number