



East Windsor Township Rescue Squad District 1, Inc

Mailing Address: P.O. Box 30 East Windsor, NJ 08520

Physical Address: 47 One Mile Rd Ext. East Windsor, NJ 08520

Phone: 609-448-6321 Fax : 609-448-3441

APPLICATION FOR MEMBERSHIP

Name (last/first/middle) _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home _____ Cell: _____

Email: _____

Emergency Contact: (name/address/phone): _____

Age: _____ Birthdate: _____ Social Security No: _____ - _____ - _____

How long have you resided at your current address? _____

Have you ever been a member of a first aid, ambulance, or rescue squad? _____

If yes, Name of organization, dates of membership; note any offices held: _____

Were you rejected or dismissed by any of the above? _____ If yes, please explain:

List all first aid training (include dates): _____

Occupation: _____

Employer: _____

Mailing Address: _____

Do you have any physical/mental conditions that would impair your ability to perform on a crew? _____

If yes, explain: _____

Have you ever been convicted of a crime? _____ If yes, explain: _____

Do you have a valid New Jersey State Driver's License? _____ Have you had it for two years or longer? _____ If no, how long have you had it? _____

Driver's License Number: _____

Have your driving privileges ever been revoked or suspended in this or any other state? _____

If yes, explain: _____

You may be asked to obtain an abstract of your driving record from the Department of Motor Vehicles as part of your personnel file.

REFERENCES: It is necessary for you to provide two letters of reference from non-family members. The letters must include the person's name, address, phone number, and length of time that he/she has known you. This application cannot be considered without these letters.

Membership Requested (check one): Ambulance _____ Rescue _____ Associate _____ Cadet _____

Are you available to participate in squad assignments/activities on nights and weekends? _____

Are you willing to accept assignments on an equitable basis with other members? _____

Why do you seek to join and participate in the activities of the East Windsor Township Rescue Squad, District One?

ALL ABOVE INFORMATION WILL BE HELD CONFIDENTIAL

I represent that the statements made herein are complete and truthful. I understand and agree that if approved as a member, the Constitution, By-laws and other official regulations of the East Windsor Township Rescue Squad, District 1, shall be binding.

Name: (print) _____ Date: _____

Signature: _____

Parent/ Guardian Name: _____ Signature: _____

Phone Number: _____

DO NOT WRITE BELOW THIS LINE

Application Receipt Date: _____ Time: _____

Interviewed by: _____

Membership type: _____

Approved: _____ Denied: _____ Reason: _____

Verification of : Criminal record _____ Driver's abstract _____

Name: (print) _____ Date: _____

Signature: _____