 ***Island Heights First Aid Squad, Inc.* APPLICATION FOR MEMBERSHIP**

**PLEASE PRINT DATE:**

**NAME: PHONE:**

**FIRST MIDDLE LAST**

**OCCUPATION: SOCIAL SECURITY #:**

**PERMANENT SUMMER ADDRESS IF SUMMER RESIDENT: PHONE:**

**ADDRESS: ,**

**NO. STREET POB CITY-STATE-ZIP**

**AGE: D.O.B.: HEIGHT: WEIGHT:**

**PRESENT OR LAST EMPLOYER:**

**DATES OF EMPLOYMENT: FROM TO:**

**EDUCATION: HIGH SCHOOL COLLEGE**

**HAVE YOU EVER APPLIED/BEEN ON A FIRST AID SQUAD:**

**SQUAD NAME: HOW LONG:**

**STATE ANY PREVIOUS FIRST AID OR MEDICAL EXPERIENCE:**

**DO YOU DRIVE: DRIVER LICENSE #:**

**ANY ACCIDENTS IN THE LAST 3 YEARS: WAS YOUR LICENSE EVER REVOKED AND/OR SUSPENDED? IF YES EXPLAIN:**

**IN THE PAST 3 YEARS HAVE YOU RECEIVED ANY MOTOR VEHICLE VIOLATIONS MOVING OR OTHERWISE? EXPLAIN:**

**TOTAL NUMBER OF POINTS RECEIVED IN THE LAST 3 YEARS:**

**DO YOU OWN A CAR? PLATE #:**

**HAVE YOU EVER BEEN CONVICTED OF A FELONY: EXPLAIN:**

**APPLICANT’S DECLARATION:**

**IF ACCEPTED I AGREE TO COMPLY WITH ALL ORDERS, RULES, REGULATIONS, AND DUTY OF THE ISLAND HEIGHTS FIRST AID SQUAD. I ALSO AGREE TO SUBMIT TO A PHYSICAL EXAM BY OUR SQUAD DOCTOR.**

**I SWEAR THE ANSWERS TO THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. IT IS UNDERSTOOD THAT ANY FALSE STATEMENT ON THIS APPLICATION IS CAUSE FOR IMMEDIATE REJECTION OR DISMISSAL.**

**SIGNATURE: DATE:**

**RETURN TO ISLAND HEIGHTS FIRST AID SQUAD P.O. BOX 1027 ISLAND HEIGHTS, NJ, 08732**

**PHYSICIAN’S EXAMINATION DATA:**

**EXAMINED BY: DATE:**

**COMMENTS:**

**FOR SQUAD USE:**

**DATE RECEIVED:**

**DATE OF FIRST READING:**

**DATE OF INTERVIEW:**

**POLICE CHECK:**

**MOTOR VEHICLE CHECK:**

**PHYSICAL EXAMINATION:**

**RFERENCE #1:**

**REFERENCE #2:**

**MEMBERSHIP COMMITTEE MEMBERS:**

**COMMENTS:**

**DATE VOTED IN AS MEMBER:**