CONFIDENTIAL

Holmdel First Aid Squad, Inc.
P.O. Box 171
Holmdel New Jersey 07733-0171
(732) 946-3239

APPLICATION FOR MEMBERSHIP
(Please complete this form clearly. Please PRINT)

First Name: _______________ MI:___ Last Name:____________________________________
Street Address: ____
City: ________________________________ State: _______ Zip Code:__________
Date of Birth: ________________ Age: ____ Social Security Number:__________________
Home Phone: ________________________ Cell Phone: ______________________
E-mail: __________________________________ Applying for: EMT / Driver
How long have you resided at this address? ______ years ______ months

Are you currently a licensed driver in the State of New Jersey? Yes / No
Drivers License Number: ____________________________________ Exp: _________

Do you hold a valid driver's license from any other state? Yes / No
Drivers License Number: __________________________________ Exp: _________
State: ________________
Are there any endorsements on your license(s)? Yes/No: CDL Bus Other:_________
How long have you been driving? ______ yrs

Types/Sizes of Vehicles driven: ____________________________________

Any moving violations in the past three years? Yes / No

Any DUI offenses? Yes / No If yes, when: ________________________

Any accidents in the past three years? Yes / No

How many points are currently on your license? _______

Has your license ever been suspended or revoked? Yes /No

Explain any yes answers to the above:____

____

____

____

____

Have you ever been convicted of a crime or pleaded to a crime? Please go to page 3.

 March 2014

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Do you wear any of the following correctional devices?
☐ Eye Glasses ☐ Contact Lenses ☐ Hearing Aids ☐ Other___________

Do you have any medical or physical conditions that might limit your ability to perform your duties as a member of the Squad? Yes / No Do you need accommodations?

If yes, please explain:
____
____
____
____

Hobbies and Special Interests: ____
____

Name other organizations to which you belong: ____________________________________
____
____

How did you find out about the Holmdel First Aid Squad? ____________________________
____

Explain why you want to become a member of the Squad:_____________________________
____
____
____

What are your expectations? ____
____
____
____

Are you related to any member of the Squad? Yes /No
If yes, who? ____

Have you previously been accepted to any other First Aid Squad, Fire Company or similar organization(s)? Yes / No
Name of organization:
____

Address:
____

Contact Person:
____

What were your duties and responsibilities? :____
____

Reason for leaving (if applicable): ____
____

Dates of service (if applicable): ____

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Please list all relevant certifications (CPR, EMT, First Aid, First Responder, Lifeguard, etc.):

	Certification	Issuing Authority	Expiration
1)			
2)			
3)			
4)			

In general, when would you be available to volunteer your time? (Check all that apply)

☐ Weekday Mornings ☐ Weekday Afternoons
☐ Weekend Mornings ☐ Weekend Afternoons

Nights (7pm to 6am): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Sunday [Saturdays are on 6 week rotation]

NOTE: Full members commit to 12 hours/week duty times
Limited members commit to at least 6 hours/week duty times

Is there any reason you may not be able to commit to the hours?: ____________________________

Duty times are defined as a fixed period during each week when you must respond at first tone out.

Have you ever been convicted of a criminal offense, or have any criminal cases pending against you? Yes / No If yes, when and what:____
____
____

Were you ever subpoenaed or ordered to appear in court? Yes / No If yes, when and what: _____
____
____

Have you ever failed a drug test? Yes / No If yes, when and what: __________________________
____
____

Are you currently a full-time student? Yes / No

Where? ____

Major: _________________________________ Proposed Graduation Date: ____________

Highest Degree Achieved: ____

Are you currently employed? Yes / No Fulltime / Part time

Employer: ____

Address: ____

City: ______________________________________ State: _______ Zip: ___________

Contact: ______________________________Phone: _______________________

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References
Give three references other than relatives: (These individuals may be contacted at our discretion)
(1) Name: ____
Address: ____
Phone: ______________________
Nature and length of contact: ____
(2) Name: ____
Address: ____
Phone: ______________________
Nature and length of contact: ____
(3) Name: ____
Address: ____
Phone: ______________________
Nature and length of contact: ____

In the event of an emergency, who would you like us to contact?
Emergency Contact

Name: ______________________________________Relationship: _________________
Address: ____
City: ______________________________________ State: _______ Zip: __________
Phone: __________________ Cell Phone: _________________
Email: _______________________

I agree to let a representative of the Holmdel First Aid Squad, Inc. conduct an investigative report regarding any and all statements given on this application and I further agree to submit to a physical examination. I agree to be responsible for all and any equipment issued to me, and will return the equipment to the Squad in the same condition in which it was given to me.

Initials:____

The answers to the foregoing are in my own handwriting and are true to the best of my knowledge and belief. It is understood that any false statements on this application are sufficient cause for rejection or dismissal.

Initials:___

If acceptance is obtained under this application, I agree to comply with all orders, rules, and regulations (SOGs) of the Holmdel First Aid Squad and the Township of Holmdel. I understand that as part of my membership to the Holmdel First Aid Squad I will be required to be available to ride the minimum number of hours required for membership in the Squad per month, attend mandatory meetings, trainings and drills.

Initials:___

Failure to do so may result in my dismissal from the Squad.

____ _______________
Signature of Applicant Date

Please return pages 1 to 5 to Holmdel FAS, PO Box 171, Holmdel
Please take page 6 to Holmdel Police Dept.; call ahead 732-946-4400 for appointment.
Please take pages 7 to 9 to your physician.

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TO BE FILLED OUT BY HFAS OFFICIAL

DATE:

Application Issued to Prospective Member ___________
Initial Application Received By

______________________ ___________
(HFAS Member's Name)

Contact with Applicant ___________

Interview with Applicant ___________

Background check was received ___________

Physician examination was received ___________
Vaccination documents was received ___________

Initial BBP and Right to Know training ___________

Application Read At Meeting ___________
Date of Probation: _________
Type of Probation: ___________________

Explorer / Driver / TAD / EMT Membership: _____________________
Regular/Active/Adult Membership: _____________________
Full EMT Membership Awarded: _____________________

LOA Information: From: ______________________ To: __________________
Reason Given:____

LOA Information: From: ______________________ To: __________________
Reason Given: ____

Date of Termination: _____________________
Reason for Termination: ______________________________________

Signature of Chief: ____________________

Additional Comments:
____

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BACKGROUND CHECK AUTHORIZATION

please print

I, ____, do hereby grant permission to the Holmdel First Aid Squad, Inc., to do a background check on me, including, but not limited to, a search for any criminal and/or motor vehicle record, said information to be used in consideration of my application for membership with the Holmdel First Aid Squad, Inc.

Maiden Name: ____________________________

AKA (if any):______________________________

Furthermore, additional background checks can be done at any future date(s).

________________________________ ________________________________
SIGNATURE of Applicant HOLMDEL PD OFFICER

____
DATE OF BIRTH

____
SOCIAL SECURITY NUMBER

____
DRIVER'S LICENSE NUMBER (and state)

______________________________ ______________________________
DATE DATE

Background check: PASSED / FAILED

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Medical Evaluation and Record
page 1 of 3

To The Physician:

I, ____ have applied for membership in the Holmdel First Aid Squad. As part of the application process, a medical examination and history is required.

I hereby authorize you to release my medical information to them.

_____________ ____
Date Applicant Signature

_____________ ____
Date Witness Signature

Current Findings:

Current Age: ___________ Gender: M F

Height ________ Weight ________ Blood Pressure ____/____ Pulse ________

Are these within normal ranges? Yes / No If No, please explain: ____________________________

Vision ____/____ Does the applicant wear corrective glasses/contacts? Yes / No
Color Blindness? Yes / No

Hearing Deficiencies? Yes / No If yes, please explain: _____________________________________

Medical History:

Yes	No	Condition	Date and Explain:
		Asthma	
		Diabetes	
		Hypertension	
		Hypotension	
		Heart Disease	
		Circulatory Disease	
		Stroke/TIA	
		COPD/Lungs	
		Vertigo	
		Syncopy	
		Muscular condition	
		Skeletal condition	
		Psychiatric condition	
		Emotional condition	
		Thyroid Disease	
		Kidney Disease	
		Liver Disease	
		Bleeding Disorders	

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Medical Evaluation and Record
page 2 of 2

Applicant:________________________________

Yes	No	Condition	Date and Explain:
		Anemia	
		Blood Disease	
		Menstrual problems	
		Pregnancy(s)	
		GI problems	
		Seizures	
		Hernia	
		Surgeries (recent)	
		Immunodeficiency Disorders	

Known Allergies:

Immunizations:

Yes	No	Type	Date(s)	Yes	No	Type	Date(s)
		Tetanus				Smallpox	
		Hep A					
		Hep B					
		TB Skin Test					

Current Medications:

____
____
____

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Medical Evaluation and Record
Page 3 of 3
Applicant:________________________________

How long have you provided medical care to the applicant? ____________

Being a member of the Holmdel First Aid Squad requires that this candidate be capable of heavy lifting.

He/She should be able to handle stress, operate machinery, and be able to drive an ambulance.

He/She may be exposed to communicable diseases.

Are there any reasons why this applicant should not become a member of the Holmdel First Aid Squad? Yes / No
If yes, please describe why in the following space. You may be contacted to confirm this information.

I, ___________________________________, have examined the aforementioned applicant on this _____ day of _________________ 20___,and have completed the information contained on this form based on the information supplied to me by the applicant and determined by my physical examination of the applicant. I believe this information to be true.

Physician's Name: ____

Address: ____

License: ____

Phone Number : ________________________