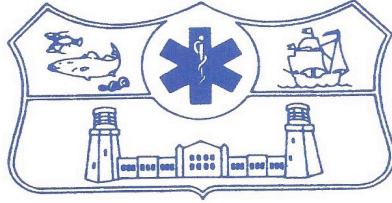


HIGHLANDS FIRST AID SQUAD, INC.

32-34 VALLEY STREET
P.O. BOX 173
HIGHLANDS, NEW JERSEY 07732



January 2020

Dear Volunteer,

The Highlands First Aid Squad is always seeking new members who are interested in making a difference within their community. No experience is necessary and free training will be provided. You will learn skills that may one day save the life of a loved one, a friend, or a neighbor. The Highlands First Aid Squad is an all volunteer organization which provides our community a 24/7 operation provide quality emergency medical service. Our squad is not only requested for medical services but also for all fire calls. Additionally, we also provide stand-by coverage in the event of an emergency at Borough functions.

The volunteer application process is as follows:

- Application
- Background check
- Fingerprinting
- Physical
- Follow up by Squad Member

One of the greatest services a citizen can render to his/her community is the preservation of life as well as peace of mind. Your service will be sure to reward you with pride and personal satisfaction too. We look forward to working with you.

Best,

Highlands First Aid Squad
highlandsems1721@aol.com

PLEASE READ CAREFULLY PRIOR TO FILLING OUT APPLICATION

Instructions:

- Answer every question truthfully. If a question does not apply to you, use "N/A". An applicant may be rejected due to making intentional false statements and/or practiced, or attempted to practice, any deception or fraud in this application.
- The applicant shall personally prepare this form.
- Please use black ink.
- If you need additional space in answering a question, please attach a separate sheet of paper and include the question number and question above your answer.

RELEASE AUTHORIZATION

To all courts, Probation Departments, Selective Service Bonds, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception:

I, _____(Full Name), am making an application to Volunteer for the Borough of Highlands First Aid Squad. As a result, an investigation is being conducted to determine my eligibility for membership.

Therefore, you are authorized to release to the Borough of Highlands First Aid Squad or its representative, any and all information documentary or otherwise pertaining to the above applicant that they may request.

I hereby release, discharge, and exonerate the Borough of Highlands First Aid Squad, its agents or representatives and any person so furnishing information, from any liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and other information or the investigation made by the Borough of Highlands First Aid Squad.

A photo copy of this authorization will be considered as effective and valid as the original.

Date: _____

Signature

Print Full Name

PERSONAL DATA

_____ Regular Member (18+ years old) _____ Cadet Member (<18 years old)

1. _____
Last Name, First Name Middle Name

2. _____
Address, City, State Zip

3. _____
Email _____ Cell Phone _____

4. _____
Date of Birth Age Social Security Number

5. _____
Driver License Number State Expiration Date

6. How long have you lived at the above address? _____

– If less than 10 years, please provide previous address(es) that you have previously resided, including dates.

7. Do you previously or currently hold a driver's license from ANY other state? _____

– If yes, please provide the state and the driver's license number, if known.

REFERENCES

8. Please provide 3 references –no relatives– who have known you well during the past FIVE years. **DO NOT** include any members of the Highlands First Aid Squad.

a. Full Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

b. Full Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

c. Full Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

9. List the names of any First Aid members within New Jersey with whom you are personally acquainted:

a. Full Name: _____

First Aid Squad: _____

Phone: _____ Years Acquainted: _____

b. Full Name: _____

First Aid Squad: _____

Phone: _____ Years Acquainted: _____

c. Full Name: _____

First Aid Squad: _____

Phone: _____ Years Acquainted: _____

EDUCATION

10. Chronologically list (earliest dates first) all schools, colleges, and training courses you have attended:

School	Address	Dates From/To	# of Years Attended	Degree	Graduated? Yes or No

MILITARY SERVICE

11. Have you ever served in an active military organization in the United States? _____

a. Branch of service: _____

b. What was the condition of your discharge/separation? _____

c. How many discharges/separations from the service were you given? _____

d. Were you ever court martialed, tried on charges or were you the subject of a summary court, deck court, Captain's mast, company punishment, office hours or any other disciplinary action? _____ # of occurrences: _____

Please give details of charge(s), agency/agencies concerned, date(s), disposition(s), location(s), and name of military base(s):

EMPLOYMENT

12. Present Employer: _____
Address: _____ Phone: _____
Immediate Supervisor: _____ Date Hired: _____
Job duties: _____

13. Were you ever discharged or asked to resign from employment? _____
If yes, please give an explanation and details of discharge or forced resignation
below including the name of the company:

14. Were you ever subjected to disciplinary action(s) in connection with any employment? ____
If yes, please explain where, when, and why: _____

VOLUNTEER

15. Have you ever been a cadet or regular member of ANY police, fire, or first aid
organization? _____ If yes, which organization and when? _____

16. Have you ever been terminated, rejected, and/or asked to resign or have been
suspended from any of the above? _____ If yes, which organization and when?

ARRESTS, SUMMONSES, ETC.

17. Have you ever been arrested, indicted or convicted for ANY violation of the law in ANY state? _____ If yes, please list below:

a. City, State: _____ Date: _____

Charge: _____ Disposition: _____

b. City, State: _____ Date: _____

Charge: _____ Disposition: _____

MOTOR VEHICLE HISTORY

18. Have you ever received a summons or a violation of the Motor Vehicle Laws in NJ or any other state? Do not include parking violations. _____

If yes, please complete below:

Date	Offense	Location (State)	Court Disposition	Age at time	Police Agency

19. Was your Motor Vehicle Registration certificate, drivers, or other vehicle operator's license ever revoked or suspended in NJ or any other state? _____

If yes, which license? _____ Date: _____

Location: _____ Reason: _____

Date of restoration: _____

PHYSICAL ABILITY

20. Do you have any physical limitations that would limit your ability to perform the duties of a Regular Member of the Highlands First Aid Squad? _____

If so, please explain. How much can you lift? How is your vision impaired?

AVAILABILITY

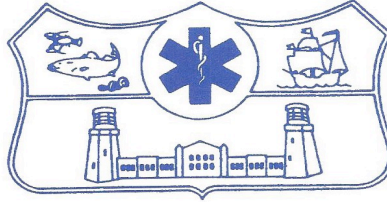
21. When would you be available to begin duty? _____

22. Please tell us your availability below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

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CADET MEMBERSHIP APPLICATION

I, _____, hereby make application for Cadet membership, and, if accepted, agree by the constitution and By-Laws of the Highlands First Aid Squad. I understand that any falsification of any facts on this application is just cause for immediate dismissal.

Date: _____

Signature: _____

Parental/Guardian Approval:

I, _____, being the parent or legal guardian of the above named applicant, give my permission for him/her to join the Cadet Program of the Highlands First Aid Squad.

Date: _____

Signature: _____

Juvenile Officer Approval:

I, _____, Juvenile Officer of the Borough of Highlands, recommend that the above named applicant be accepted in the Cadet Program of the Highlands First Aid Squad.

Date: _____

Signature: _____

School Principal's Approval:

I, _____, Principal of _____ recommend that the above named applicant be accepted in the Cadet Program of the Highlands First Aid Squad.

Date: _____

Signature: _____