



Chester First Aid Squad

100 North Road • P.O. Box 337 Chester, NJ 07930

Phone 908-879-5560 • Fax 908-879-0217

www.chesterfirstaid.org

"Neighbors helping neighbors"

APPLICATION FOR MEMBERSHIP

Associate Cadet Driver EMT Flex

Check all classes of membership that you are seeking to apply as.

General information:

Full name: _____

Street address: _____

Municipality: _____ State: _____ Zip: _____

Mailing address (if different): _____

Cell Phone: (____) _____ Home Phone: (____) _____

Email Address: _____

Social Security No: _____ Date of Birth (if under 18): ____/____/____

Driver's License Number: _____ State: _____ Class: _____

DL Endorsements: _____ DL Restrictions: _____

List any foreign languages spoken: _____

Previous emergency service experience & criminal history:

Have you previously been, or are you a current member of any other First Aid Squad or Fire Department?

No: _____ Yes: _____

*If you answered yes to the above question, please list all related memberships, **and attach a letter of good standing from each organization**. If you have belonged to more than three organizations, please list additional departments on an additional sheet(s) of paper.*

Agency Name	Chief/Captain Name	Agency Telephone	Length Of Service	Reason For Leaving	Current Member?

Have you been convicted of a crime (other than parking violations and/or non-moving traffic offenses)?

No: _____ Yes: _____

If you answered yes to the above question, please explain the details of each conviction on an additional sheet(s) of paper. A conviction will not necessarily prohibit a potential member from joining.



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Training & education:

Type	Number	Date Complete	Date Expire	Certifying Body
Driver Training (CEVO/EVOC)				
Emergency Medical Responder				
Emergency Medical Technician				
Health Care Provider CPR				
ITLS/PHTLS				
Paramedic Assistant				
Others (list)				

No experience is necessary, however all members must be certified and maintain an American Heart Association Health Care Professional CPR card or equivalent. If you do not possess a CPR card, you agree to receive training. Attach photocopies of any relevant certifications and driver's license with this application.

Do you currently (or intend to in the next year) attend a college or university where you would predominately be residing out of the area and may limit your availability to serve?

No: _____ Yes: _____

If yes, list the school name, location, major, and anticipation graduation date: _____

Answering yes will not necessarily prohibit a potential member from joining. It is for planning purposes only.

Agreement:

I HAVE FILLED OUT THIS APPLICATION AND MY STATEMENTS ARE TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND DO HEREBY SUBMIT THIS FORM FOR CONSIDERATION FOR MEMBERSHIP WITH THE CHESTER VOLUNTEER FIRST AID SQUAD (CFAS). I AGREE TO ABIDE TO ITS BYLAWS, GOVERNING DOCUMENTS (RULES), AND DIRECTIONS GIVEN BY THEIR OFFICERS. I AGREE TO PERFORM THE TRAINING AND THE DUTIES REQUIRED OF THIS ORGANIZATION. I AGREE TO A BACKGROUND CHECK, PHYSICAL EXAMINATION, AND VERIFICATION OF MY DRIVER'S LICENSE. BY SIGNING THIS APPLICATION, I CONSENT TO ANY AND ALL BACKGROUND CHECKS THE CVFAS, IN ITS SOLE DISCRETION, MIGHT WISH TO CONDUCT REGARDING ME, INCLUDING WITHOUT LIMITATION MY CRIMINAL AND CREDIT HISTORIES. I UNDERSTAND THAT FINDINGS COULD DETERMINE MEMBERSHIP. I UNDERSTAND THAT UPON ACCEPTANCE OF BECOMING A FULL MEMBER, THERE IS A MINIMUM OF A THREE MONTH PROBATION PERIOD. THIS PERIOD BEGINS AFTER THE SPECIFIC CERTIFICATIONS IN THE RESPECTIVE CRAFT HAVE BEEN COMPLETED (DRIVER/EMERGENCY MEDICAL TECHNICIAN/EMERGENCY RESPONDER). I UNDERSTAND THAT WHILE I AM AN ACTIVE MEMBER I MUST MAINTAIN MY CERTIFICATIONS AND SUBMIT A COPY OF MY CERTIFICATIONS AND DRIVER'S LICENSE TO THE CHIEF AS THEY ARE RENEWED. I AGREE TO RETURN ALL ISSUED EQUIPMENT UPON MY TERMINATION/RESIGNATION/LEAVES OF ABSENCE WITH CFAS. THIS INCLUDES PAGER, JUMP KIT AND ITS CONTENTS, SECURITY ACCESS KEY AND ALL CLOTHING, AND THE LIKE THAT BEEN ISSUED TO ME. I UNDERSTAND I AM APPLYING FOR A VOLUNTEER AGENCY AND I WILL NOT BE COMPENSATED FOR MY TIME GIVEN. I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO RUN A MINIMUM NUMBER OF CALLS PER YEAR AND RESPOND TO CALLS AS PART OF A DUTY TEAM TO STAY IN GOOD STANDING.

Applicant signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Parent/guardian name and address: _____

Parent/guardian name, signature, and address (if different than above) is required if the applicant is under 18 years of age.

Number of attachments: _____

For CFAS Use Only: Approved: _____ Denied & Reason: _____ Hire Date: _____

Notes: _____