



**CHESTER FIRST AID SQUAD**

PO BOX 337  
CHESTER, NEW JERSEY 07930  
908-879-5560



**APPLICATION FOR MEMBERSHIP**

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**General Information:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date (If under 18): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Lived in Chester for: \_\_\_\_\_ years and \_\_\_\_\_ months

Email Address: \_\_\_\_\_

List any foreign languages spoken: \_\_\_\_\_

**Emergency Services Training Level**

None: \_\_\_\_\_

CPR: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Emergency Responder: \_\_\_\_\_ Course completion date: \_\_\_\_\_

Emergency Medical Technician: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Other related EMS training: \_\_\_\_\_

Special skills/knowledge: \_\_\_\_\_

Or, I am interested in being an Associate member: Yes \_\_\_\_\_ No \_\_\_\_\_



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### **Experience history:**

Have you previously been, or are you a current member of any other First Aid Squad or Fire Department? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered yes to the above question, please list all related memberships:

Squad / Dept Name	Captain / Chief Name	Squad / Dept Phone Number	Time Involved	Current Member?

### **Agreement:**

I hereby submit this application for consideration to the Chester First Aid Squad. I agree to be governed by the bylaws, Standard Operating Procedures, and policies, and to perform the training and duties required of this organization.

I agree to a background check and verification of my driver's license or other certifications. I understand that findings could determine membership, and that I may be subject to periodic additional verifications as a member.

I understand that upon acceptance of becoming a full member, there is a probationary period. The probationary period is approved at the discretion of the Officers.

I agree to return all equipment (eg. pager, jump kit, security access key and all apparel) issued to me upon my termination/resignation of the Chester First Aid Squad.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name & Address: \_\_\_\_\_

**Guardian name, address and signature is required if the applicant is under 18 years of age.**