



APPLICATION FOR MEMBERSHIP

INSTRUCTIONS: FILL IN ALL QUESTIONS COMPLETELY, PRINT ALL INFORMATION IN INK OR USE TYPEWRITER. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND TRUTHFULLY. INCOMPLETE APPLICATION OR ANY MISREPRESENTATION IS CAUSE FOR REJECTION. USE THE BACK OF THIS FORM IF ADDITIONAL SPACE IS NEEDED.

.....
THE NEWTON VOLUNTEER FIRST AID AND RESCUE SQUAD INC. AND IT'S CADET AFFILIATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, OR CREED.
.....

APPLICANT NAME (LAST, FIRST, MI) _____

SEX: M / F D.O.B. ____/____/____ AGE: _____ SS# _____ - _____ - _____

MAILING ADDRESS _____

STREET ADDRESS _____

WHAT MUNICIPALITY DO YOU LIVE IN? _____ TWP. / BORO

HOW FAR (IN MILES) DO YOU LIVE FROM THE SQUAD BUILDING? _____

TELEPHONE NUMBER-HOME () _____ BEST TIME TO BE CONTACTED _____ AM/PM

TELEPHONE NUMBER-WORK () _____ CAN WE CONTACT YOU AT WORK? Y / N

ALTERNATE TELEPHONE NUMBER (SPECIFY TYPE) () _____

E-MAIL ADDRESS _____

DO YOU CURRENTLY HOLD A VALID DRIVERS LICENSE? Y / N

IF YES, WHAT STATE? _____ D.L. # _____

CURRENT POINT TOTAL _____ DATE OF LAST MOVING VIOLATION ____/____

ARE YOU CURRENTLY IN HIGH SCHOOL? Y / N

IF YES, WHAT SCHOOL? _____

*** (PLEASE ATTACH A COPY OF YOUR LAST REPORT CARD OR A LETTER FROM A GUIDANCE COUNSELOR OF PROOF THAT YOU MAINTAIN A "C" OR GREATER AVERAGE IN ALL CLASSES.)

WHAT IS/WAS YOUR YEAR/EXPECTED YEAR OF GRADUATION FROM HIGH SCHOOL? _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Y / N

HAVE YOU EVER BEEN CONVICTED OF AN INDICTABLE OFFENSE/CRIME? Y / N

DO YOU HAVE ANY MEDICAL CONDITIONS AND/OR MENTAL/PHYSICAL DISABILITIES THAT WOULD IMPAIR OR RESTRICT YOU FROM PERFORMING THE DUTIES OF AN EMERGENCY MEDICAL CARE PROVIDER? Y / N

IF YES, EXPLAIN: _____
_____.

HAVE YOU EVER BEEN A MEMBER OF ANY VOLUNTEER ORGANIZATION? Y / N

IF YES, LIST ORGANIZATION AND DATES OF SERVICE:

_____ FROM ___/___/___ TO ___/___/___

REASON FOR LEAVING? _____

MAY WE CONTACT THIS ORGANIZATION AS A REFERENCE? Y / N

_____ FROM ___/___/___ TO ___/___/___

REASON FOR LEAVING? _____

MAY WE CONTACT THIS ORGANIZATION AS A REFERENCE? Y / N

_____ FROM ___/___/___ TO ___/___/___

REASON FOR LEAVING? _____

MAY WE CONTACT THIS ORGANIZATION AS A REFERENCE? Y / N

***HAVE YOU EVER BEEN REJECTED OR DISMISSED FROM MEMBERSHIP FROM ANOTHER FIRST AID SQUAD OR VOLUNTEER ORGANIZATION? Y / N IF YES, EXPLAIN _____

ARE YOU COMMITTED TO DEVOTING THE TIME TO COMPLETE REQUIRED TRAINING? Y / N

ARE YOU COMMITTED TO ATTENDING ALL REQUIRED MEETINGS AND DRILLS OF THE NEWTON FIRST AID SQUAD AS WELL AS TAKING A REQUIRED TWELVE HOUR DUTY SHIFT ONCE A WEEK AND A SATURDAY SHIFT ONCE EVERY SIX WEEKS? Y / N

DO YOU CURRENTLY HOLD ANY VALID FIRST AID OR ANY OTHER SPECIALIZED TRAINING CERTIFICATIONS? Y / N

IF YES, LIST WITH DATE OF EXPIRATION

_____ EXP. ___/___/___

_____ EXP. ___/___/___

_____ EXP. ___/___/___

_____ EXP. ___/___/___

_____ EXP. ___/___/___

EMPLOYMENT:

Please list the names and addresses of employers for the past two years starting with the most recent. If self-employed, please list such and the nature of your work.

BUSINESS: _____ SUPERVISOR: _____

ADDRESS _____ TELEPHONE # _____

DESCRIPTION OF DUTIES _____

REASON FOR LEAVING? _____

DATES OF EMPLOYMENT ___/___/___ TO ___/___/___ MAY WE CONTACT THIS EMPLOYER? Y / N

BUSINESS: _____ SUPERVISOR: _____
ADDRESS _____ TELEPHONE # _____
DESCRIPTION OF DUTIES _____
REASON FOR LEAVING? _____
DATES OF EMPLOYMENT ___/___/___ TO ___/___/___ MAY WE CONTACT THIS EMPLOYER? Y / N

BUSINESS: _____ SUPERVISOR: _____
ADDRESS _____ TELEPHONE # _____
DESCRIPTION OF DUTIES _____
REASON FOR LEAVING? _____
DATES OF EMPLOYMENT ___/___/___ TO ___/___/___ MAY WE CONTACT THIS EMPLOYER? Y / N

REFERENCES: PLEASE LIST THREE NON-RELATED U.S. CITIZENS OVER THE AGE OF EIGHTEEN (18), THAT YOU HAVE KNOWN FOR A PERIOD OF TWO YEARS OR GREATER, THAT WE MAY CONTACT AS REFERENCES.

NAME _____ TELEPHONE # _____
ADDRESS: _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____ RELATIONSHIP? _____

NAME _____ TELEPHONE # _____
ADDRESS: _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____ RELATIONSHIP? _____

NAME _____ TELEPHONE # _____
ADDRESS: _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____ RELATIONSHIP? _____

EMERGENCY CONTACT (ALL APPLICANTS):

NAME _____ RELATION _____
TELEPHONE # _____ ALTERNATE TELEPHONE # _____

ALTERNATE EMERGENCY CONTACT (ALL APPLICANTS):

NAME _____ RELATION _____
TELEPHONE # _____ ALTERNATE TELEPHONE # _____

DECLARATION (ALL APPLICANTS) :

I, _____, HEREBY MAKE APPLICATION FOR MEMBERSHIP TO THE NEWTON VOLUNTEER FIRST AID AND RESCUE SQUAD, INC. IF ACCEPTED, I AGREE TO ABIDE BY THE CONSTITUTION AND THE BY-LAWS OF THE SAID SQUAD. I UNDERSTAND THAT FALSIFICATION OF ANY FACT ON THIS APPLICATION IS JUST CAUSE FOR IMMEDIATE REFUSAL OF ACCEPTANCE OR DISMISSAL FROM THE SQUAD ONCE SUCH INFORMATION IS MADE KNOWN. I FURTHERMORE AGREE TO, BY SIGNING BELOW AND SUBMITTING THIS APPLICATION FOR REVIEW, ALLOW THE NEWTON POLICE DEPARTMENT TO PERFORM A CRIMINAL AND DRIVING BACKGROUND CHECK ON ME.

SIGNATURE _____ DATE: ___/___/___

PARENT PERMISSION [IF APPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE]

(Please initial on line next to each condition and sign below)

____ I GRANT PERMISSION FOR MY SON/DAUGHTER TO APPLY FOR CADET MEMBERSHIP IN THE NEWTON VOLUNTEER FIRST AID AND RESCUE SQUAD, INC.

***THE NEWTON VOLUNTEER FIRST AID AND RESCUE SQUAD (NFAS) ACCEPTS APPLICANTS FOR CADET MEMBERSHIP ONLY WITH PERMISSION OF THE APPLICANT'S PARENT OR GUARDIAN. PARENTS SHOULD UNDERSTAND THAT THE NFAS HAS STRICT REGULATIONS/POLICIES GOVERNING CADET MEMBERS TO INSURE HIS/HER SAFETY. THESE REGULATIONS CAN BE DISCUSSED AT A MEETING WITH OUR CADET ADVISORS IF SO DESIRED. CADET MEMBERS ARE REQUIRED TO COMPLETE ADDITIONAL TRAINING PROGRAMS AFTER THEY ARE ACCEPTED INTO MEMBERSHIP. CADET MEMBERS PERFORM LIMITED DUTIES RELATED TO THEIR AGE AND AMOUNT OF TRAINING COMPLETED AND ARE RESTRICTED AS TO CERTAIN EMERGENCY CALLS TO WHICH THEY CAN AND CANNOT ANSWER (ASSAULTS, INTOXICATED PATIENTS, INMATE TRANSPORTS, ETC.) AS WELL AS EQUIPMENT HE/SHE CAN OR CANNOT OPERATE ("JAWS OF LIFE," DRIVING AMBULANCES, ETC.) . THE NFAS CADET ADVISORS WILL BE HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE ABOUT MEMBERSHIP.

____ I HEREBY GIVE MY SON/DAUGHTER PERMISSION TO RESPOND WITH THE NEWTON FIRST AID SQUAD DURING THE FOLLOWING TIME PERIODS:

SCHOOL NIGHTS

6 pm through 11 pm YES NO
11 pm through 6 am YES NO

WEEKENDS

6 am through 11 pm YES NO
11 pm through 6 am YES NO

NON-SCHOOL DAYS

Any available Time YES NO
Specific days/times YES If yes, please specify below

MON ____ TUES. ____ WED ____ THUR ____ FRI ____ SAT. ____ SUN. ____

Specify times above

***PLEASE SPECIFY ANY OTHER TIMES OR RESTRICTIONS _____

IF ANY QUESTIONS ARISE, I CAN ME CONTACTED AT _____

____ I GIVE MY PERMISSION TO THE NEWTON FIRST AID SQUAD CREW CHIEF, CADET ADVISOR, OR OFFICER TO SEEK MEDICAL TREATMENT FOR MY SON/DAUGHTER, IN CASE OF INJURY OR ILLNESS WHICH IS INCURRED WHILE PARTICIPATING IN A SQUAD SPONSORED ACTIVITY OR EMERGENCY CALL IF I CANNOT BE REACHED IMMEDIATELY TO GIVE MY CONSENT TO MEDICAL PERSONNEL.

____ I HAVE VERIFIED THAT ALL INFORMATION PROVIDED ON THIS APPLICATION BY MY SON/DAUGHTER IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PARENT/GUARDIAN CONTACT INFORMATION (TELEPHONE #)

MOTHER: _____ (HOME) _____ (WORK) _____ (CELL)

FATHER: _____ (HOME) _____ (WORK) _____ (CELL)

I, _____ (CADET APPLICANT), UNDERSTAND THE RESTRICTIONS PLACED ON ME BY MY PARENT/ GUARDIAN AND AGREE TO ABIDE BY THEM.

CADET SIGNATURE _____ DATE: ____ / ____ / ____

PARENT/GUARDIAN SIGNATURE _____ DATE: ____ / ____ / ____