REQUEST FOR MEMBERSHIP

I am interested in becoming a member of the West Milford Township First Aid Squad.

I am 18 years old or will become 18 in ___ months.

I am in good physical condition.

I have had a valid NJ driver's license for at least six months and have a good driving record.

I understand that:

- A NJ Div. Of Motor Vehicles investigation will be conducted on my application.
- I will be given a physical examination to confirm my ability to handle the rigors of the job
- A background check will be conducted as allowed by law and will be reviewed by the membership committee
- If I do not already have valid CPR and EMT-B certificates I will be given an 8 hour CPR course and a 120 hour EMT-B course.
- I must be able to work one 12 hour shift (6:00 to 6:00) each week and two 12 hour weekend shifts each year.
- I will be trained to minimize my personal risk in various situations.
- Falsification of this document will be grounds for dismissal from the Squad.
- This application will be reviewed by the membership committee and I will be contacted for a personal interview

----------Please print----------

Name: _____M ___F___ _____/___/_____
Last name, first name, middle initial Gender Date of birth MM/DD/YYYY

Address:_____
Street / Apt.

_____
City, State, zip code

Telephone _____ cell _____