

Application For Membership

(Please Print)

Name of Applicant: _____

Street Address: _____ P.O. Box: _____

City, State, Zip: _____

Phone (Home): _____ (Business/Daytime): _____

Date of Birth: _____ Social Security Number: _____

Height: _____ Weight: _____

Driver's License State: _____ Number: _____

Occupation: _____ How Long: _____

Prior Addresses (for the last five years):

From: _____ to _____:

Street Address: _____ P.O. Box: _____

City, State, Zip: _____

From: _____ to _____:

Street Address: _____ P.O. Box: _____

City, State, Zip: _____

First Character Reference: _____ Known for: _____

Street Address: _____ P.O. Box: _____

City, State, Zip: _____

Phone (Evening): _____ (Business/Daytime): _____

Second Character Reference: _____ Known for: _____

Street Address: _____ P.O. Box: _____

City, State, Zip: _____

Phone (Evening): _____ (Business/Daytime): _____

Emergency Notification to: _____

Street Address: _____ P.O. Box: _____

City, State, Zip: _____

Phone (Evening): _____ (Business/Daytime): _____

Please list any First Aid / Emergency Training you currently have, how long you have had that certification, and the expiration date(s): _____

Have you ever been a member of any First Aid, Rescue Squad, or Fire Company: _____

If so, Please provide: Name _____

Chief Operational Officer: _____

Street Address: _____ P.O. Box: _____

City, State, Zip: _____

Phone (Evening): _____ (Business/Daytime): _____

If you are no longer with that organization, why did you leave?

Have you ever been arrested or convicted of a crime or misdemeanor? _____

If so, please explain: When: _____

Have you ever had your driving privileges revoked or suspended? _____

If so, please explain: From: _____ to _____

I CERTIFY ALL THE ABOVE STATEMENTS ARE TRUE:

Signature of Applicant

Date

TO BE COMPLETED BY SQUAD SECRETARY:

Date Received: _____

Acknowledged: _____

Physical Received: _____

DMV/Crim Check Recvd: _____

Submitted to Membership: _____

Approved: _____ Denied: _____

Submitted to Township: _____

Approved: _____ Denied: _____

Introduced into Membership: _____

Pager #: _____

Probation Started: _____

Key #: _____

Full Member Status: _____

Jump Suit: _____

Resigned/Retired: _____

Winter Jacket: _____



Liberty Corner First Aid Squad, Inc.

Martinsville Road
P.O. Box 57
Liberty Corner, NJ 07938
(908) 647-1145

Emergency:
911
(908) 766-1122

WAIVER AUTHORIZATION

FOR CRIMINAL HISTORY AND DRIVER LICENSE INFORMATION

Date: _____

I _____, _____, _____,

,
(Lastname, First, Middle) (Soc. Sec. #) (Date of Birth)

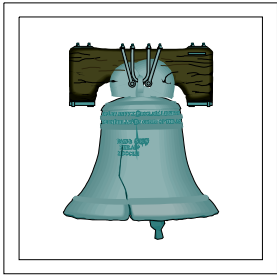
hereby authorize:

- 1.) The release of my driver license records to the Liberty Corner First Aid Squad, and
- 2.) A criminal history records check by the Bernards Township Police Department,

for the purpose of processing my application for membership in the Liberty Corner First Aid Squad.

Signature

Witness



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Martinsville Road
P.O. Box 57
Liberty Corner, NJ 07938
(908) 647-1145

Emergency:
911
(908) 766-1122

MEDICAL RELEASE

Date: _____

Applicant's Name: _____

Applicant's Social Security Number: _____

Applicant's Date of Birth: _____

Address: _____

I, _____, a licensed physician in the

State of New Jersey, have examined the above individual and find the

applicant physically fit to operate an ambulance and render emergency

medical care for the Liberty Corner First Aid Squad.

Signature of Physician

Name (Printed)

Street Address

City, State, Zip

Telephone Number