



CRANFORD FIRST AID SQUAD INC

6 Centennial Avenue – P.O. Box 1771
Cranford New Jersey 07016
Telephone: (908) 272-7717
www.cranfordfirstaid.org

MEMBERSHIP APPLICATION

Please print

Name: _____

Last Name

First Name

Middle Name

Address: _____

Street Address

Town

State

Zip Code

Date of Birth: ___/___/___ Telephone: (____)_____ Email: _____

Social security Number: _____ Drivers License Number: _____

Current employer: _____

Have you ever been, or are you a member of any other emergency medical service, paid or volunteer?

---Name of organization: _____ Agency Contact Number (____)_____

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Do you possess any of the following: CPR: ___ First Aid: ___ EMT: ___ Cevo: ___ ICS: ___ Other: _____

Have you had any traffic violations, other than parking, in the past 3 years? Yes ___ No ___

If yes, describe date, place and type of violation, if any: _____

Have you ever been bonded? ___ Have you ever been denied bond? ___ Do you have any license restrictions, revocations, accidents, or suspensions in NJ or any other state? _____

Have you been convicted of a felony in the last 10 years? ___ Do you have or have ever had a restraining order against you? ___ If yes, please explain any of the above: _____

Have you ever been in the military or the National Guard? ___ Branch: _____ Discharge Status: _____

Education: College: _____ Years Attended: _____

High School: _____ Years Attended: _____

What prompted you to join the Cranford First Aid Squad? _____

Please write the names and phone numbers of three non-relative references

Reference 1: _____ Relationship: _____ Phone #: _____

Reference 2: _____ Relationship: _____ Phone #: _____

Reference 3: _____ Relationship: _____ Phone #: _____

CFAS CADET ADDENDUM

to be filled out if applicant is under 18

I hereby agree to follow all rules and regulations of the CFAS Cadet Corps. I understand that as a cadet I am never to drive the ambulance. I am not to treat patients without supervision from a senior member of the squad. I may not ride overnight without written consent from my parent given to the captain. I also understand that I must ride at least one night a week unless arrangements are made with the captain and that failure to show up for my duty period without a valid excuse will not be tolerated.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Application Checklist:

- Background Information (page 1)
- Signed statement of intent below
- Applicants declaration page signed
- Authorization for background check
- Parent signature if under 18
- Drop off in the mailbox at 6 centennial Ave, Cranford NJ 07016

PLEASE READ AND SIGN THE FOLLOWING STATEMENT OF INTENT:

I hereby apply for membership at the Cranford First Aid Squad Inc. If accepted, I agree to volunteer my services without financial remuneration being diligent, prompt and regular in the performance of my assigned duties and agree to follow all regulations.

I will not partake of nor consume alcoholic beverages or drugs while on duty. I will also not operate any squad equipment or provide emergency care while under the effect of such substances.

I understand that my membership may be rejected if I have intentionally made a false statement of fact or practice, or attempted to practice any deception or fraud in this application.

Signed: _____ Date: _____ Parent or Guardian if under 18: _____



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Applicants Declaration Page

I CERTIFY THAT BY SINGING BELOW, I HAVE FULLY READ, UNDERSTAND AND ACCEPT THE TERMS AND OBLIGATIONS LISTED BELOW THAT ARE REQUIRED OF ME AS A MEMBER OF THE CANFORD FIRST AID SQUAD, INC. I UNDERSTAND THAT FAILURE TO HONOR THESE OBLIGATIONS MAY RESULT IN DIMISSIAL FROM THE CRANFORD FIRST AID SQUAD.

1. *I understand that intentionally providing false information shall result in my dismissal from the squad.*
2. *I understand that I must obey the laws of the United States of America, the State of New Jersey, the Regulations of the New Jersey First Aid Council, The By-Laws, SOP's and regulations of the Cranford First Aid Squad, and that the New Jersey Office of Emergency Services regulates only my functions as an EMT.*
3. *I will accept no remuneration for my services on the squad, except as allowed by law.*
4. *I will attend squad meeting and act in the best interest of the squad.*
5. *I will keep **strictly confidential** all patient information, and understand that it will not be given to anyone, including the police department unless there is a valid court subpoena, or as allowed by Federal Law. I will turn over all such requests to the president, vice president or their representative.*
6. I shall respect other members, squad property and other agency personnel.
7. I will assist in recruitment of new members.
8. I shall promptly return any squad equipment when taking a leave, or when I am no longer able to serve or contribute to the squad.
9. I agree to keep my certifications up to date.
10. I will behave in a mature manner and act with good common sense for the benefit of all.
11. I will ask for assistance when needed.
12. I will familiarize myself with the ambulance and all its medical equipment.
13. I will drive the ambulance with caution. I acknowledge that I am responsible for the proper logging of calls and for conducting a rig check during every shift.

Print Name: _____

Signature: _____ Date: _____



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Authorization for Background Check

As an applicant to the Cranford First Aid Squad, INC, I hereby give the Cranford First Aid Squad and its officers and authorized representatives permission to contact any employer, school, organization, persons or others, as reasonably as necessary, to verify any information in my application. I also give permission to contact the same for the purpose of judging character and suitability for membership in the Cranford First Aid Squad.

I hereby specifically give permission for the above listed personnel to do a motor vehicles and a criminal background check through any reasonable means and standards necessary for the purpose of judging character and suitability for membership in the Cranford First Aid Squad, Inc.

(Print Name)

(Date)

(Signature)

(Address)

(Phone)

(Witness Print Name)

(Witness Signature)

(Witness Address)

NOTE: A PARENT OR LEGAL GUARDIAN MUST SIGN ON BEHALD OF CHILDREN UNDER 18 YEARS OF AGE



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Membership Committee Form

TO BE FILLED IN BY MEMBERSHIP COMMITTEE

Application received by: _____ Date: _____

Interview Date: _____

Drivers License Approved: _____

Medical Exam Approved: _____

CERTIFICATIONS

EMT: _____

CPR: _____

First Aid: _____

Other: _____

DRIVING

Defensive Driving: _____

CEVO: _____

EVOC: _____

PROBATIONARY PERIOD STARTED (DATE): _____

Approved by: _____

REMARKS: