



South Orange Rescue Squad

62 Sloan Street
South Orange, NJ 07079

(973) 762-5647 www.southorangerescuesquad.org

Membership Application

Please Print Clearly

Date: _____

Regular Member

Cadet Member

Administration Member

Name: _____

SSN: _____

Home Address: _____

City, State, Zip: _____

Years at this Address: _____

If fewer than 5 yrs, how long at previous? _____

Phone Number (H): _____

Phone Number (C): _____

Age: _____

Date of Birth: _____

E-Mail Address: _____

Driver's License #: _____

Have you been involved in an automobile accident or had a moving violation in the last five years? If so, please briefly explain below.

Current Employer: _____

Years at Present Job: _____

Employer's Address: _____

Employer's Phone Number: _____

Are you a student? If so, please fill out the information below

Major or Study: _____

Name of School: _____

Type of School: _____

Grade/Class Level: _____

School's Address: _____

Expected Graduation Date: _____

Do you have any physical or psychological conditions which would prevent or restrict you in the performance of your duties as a member of the South Orange Rescue Squad? _____ If so, please explain below.

Are you currently under the care of a physician? _____ If so, please explain below.

Have you ever been arrested? _____ Have you ever been convicted of a crime? _____ If so, please explain below.

References: Please list two individuals, who are not related to you, and include their name, address and telephone number:

Please check off any previous medical training that you have received:

- CPR Expiration Date: _____
- EMT Expiration Date: _____
- First Aid Expiration Date: _____
- Other: _____

Why do you wish to join the South Orange Rescue Squad?

List any present or previous rescue squad/first aid squad/ambulance squad affiliations, including dates worked there:

List any South Orange Rescue Squad members that you know:

I certify that the foregoing information is true and accurate. I give my permission for the South Orange Rescue Squad to inquire about and verify any information that is contained herein.

Signature of Applicant: _____

Date: _____

Return Application to: South Orange Rescue Squad
62 Sloan Street
South Orange, NJ 07079

Or e-mail the application to info@southorangerescuesquad.org

FOR RESCUE SQUAD USE ONLY

Interviewed by: _____ on _____

Recommendation: _____

Comments: _____

Board of Directors Decision: _____ Accept Applicant _____ Reject Applicant

Explanation: _____

Notes: _____