

METUCHEN SAFETY COUNCIL, INC.
EMERGENCY MEDICAL SERVICES

Rev 4/2013

APPLICATION FOR MEMBERSHIP

Application #: _____

Date of Application #: ____/____/____

PLEASE PRINT

Name: _____ Date of Birth: ____/____/____
Last First Middle

Present Address: _____ Apt/Unit #: _____

Town: _____ County: _____ State: _____

Zip: _____ Years at present address: _____ Home Phone (____) ____ - _____

Email Address: _____ Cell Phone (____) ____ - _____

May we contact you via email and/or cell phone? Yes No

PERSONAL INFORMATION

Driver's License #: _____ State: _____ Exp. ____/____/____

Do you have any medical problems or history that may preclude you from performing the duties of an EMT? Yes No

If yes, please explain: _____

Do you currently have any first aid, CPR, or other Emergency Medical training? Yes No

If yes, please list certifications held and expiration dates: _____

Please list any additional Emergency Services training: _____

Have you ever applied for or been a member of Metuchen EMS before? Yes No

If yes, please state when: _____

Have you ever been a member of any other EMS agency of Fire Department before? Yes No

If yes, please list agency(s), years there and reason for leaving: _____

BACKGROUND INVESTIGATION

Have you ever been arrested? Yes No

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

Have your privileges ever been suspended or revoked? Yes No

If you answered yes to any of these questions, please explain: _____

DAYS AND NIGHTS AVAILABLE

Days: _____

Nights: _____

REFERENCES (Other than family members)

1. Name: _____ Address: _____

Town: _____ State: _____ Phone #: (____) ____ - _____

2. Name: _____ Address: _____

Town: _____ State: _____ Phone #: (____) ____ - _____

Reason for applying to Metuchen Emergency Medical Services: _____

I, the undersigned, certify under penalty of perjury that the information contained in this application is correct. I grant The Metuchen Safety Council Inc. dba Metuchen First aid squad hereinto referred to as Metuchen EMS, and its assignees permission to use any and all means to verify the information contained in this application and conduct a criminal background check. Accordingly, I understand that any misrepresentation or omission of fact will be grounds for denial of this application and/or future discharge from Metuchen EMS.

Print Name: _____

Signature: _____ Date: ____/____/____

Please mail this application to:
The Metuchen Safety Council, P.O. Box 8
Metuchen, New Jersey 08840

Or drop it off at the Metuchen EMS Squad Building, located at 1 Safety Place, Metuchen

● END OF APPLICATION – FINAL PAGE FOR ADMINISTRATIVE USE ONLY ●

Date of Membership Meeting: : ____/____/____

Time _____:_____ hrs.

Committee members present:

Notes: _____

Application Accepted? Yes No

Reason for denial: _____

(circle one) Senior Member Cadet Special Member Auxiliary

Name of Membership Trustee: _____

Signature of Membership Trustee: _____