



South River Rescue Squad
6 Thomas Street, South River, New Jersey 08882
Phone: (732) 254-6626 Fax: (732) 613-9095
Web: <http://www.southriverrescue.org>
EMERGENCY MEDICAL SERVICES • SPECIAL OPERATIONS • ICE/WATER RESCUES • AUTO EXTRICATIONS

Adult Membership Application

APPLICANT INFORMATION

Name: _____ Date: _____
Last First MI mm-dd-yyyy

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Home Phone: () _____ Cell Phone: () _____ Email: _____
Date of Birth: _____ S.S. #: _____ D.L. #: _____
mm-dd-yyyy

PREVIOUS RESIDENCES (list all residences for the past two years if different than the above)

EMERGENCY CONTACT INFORMATION

Name: _____
Address: _____

Day Phone: () _____
Night Phone: () _____
Relation: _____

EMPLOYMENT INFORMATION

Employer: _____
Address: _____

Work Phone: () _____
Occupation: _____
Working Hours: _____

MEDICAL BACKGROUND INFORMATION

Do you have any physical limitations? YES / NO If yes, please explain.

Do you have any chronic illnesses? YES / NO If yes, please explain.

Are you capable of heavy lifting? YES / NO If no, please explain.

LEGAL BACKGROUND INFORMATION

Were you involved in a motor vehicle accident within the last three years? YES / NO If yes, please explain each incident.

Any traffic convictions or license suspensions within the last three years? YES / NO If yes, please explain each incident.

Have you ever been convicted of a crime? YES / NO If yes, please explain.



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PAST EXPERIENCE

Were you ever a member of the South River Rescue Squad? YES / NO If yes, please explain why you left.

Are you, or were you, associated with another First Aid/Rescue Squad? YES / NO If yes, what Squads (name, town/state, phone)

Are you currently suspended from any First Aid/Rescue Squad? YES / NO If yes, please explain why.

Do you currently hold any of the following certifications? Check all that apply and provide expiration dates (mm-dd-yyyy)

_____ EMT-B	_____ Exp. Date	_____ Paramedic	_____ Exp. Date
_____ CPR (Level: _____)	_____	_____ First Aid	_____
_____ Defensive Driving	_____	_____ HAZMAT (Level: _____)	_____
_____ None	N/A	_____ Other (_____)	_____

SUMMARY

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

REQUIRED DOCUMENTATION

Please provide copies of the following documents when you submit this application:

_____ Driver's License	_____ Social Security Card
_____ Birth Certificate	_____ All EMS/Rescue/HAZMAT Certifications

DISCLAIMER AND SIGNATURE

I HEREBY APPLY FOR MEMBERSHIP TO THE SOUTH RIVER RESCUE SQUAD AND SWEAR THAT ALL OF THE INFORMATION IN AND ATTACHED TO THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION WILL RESULT IN MY IMMEDIATE DISMISSAL FROM THE SOUTH RIVER RESCUE SQUAD. I AUTHORIZE THE SOUTH RIVER RESCUE SQUAD TO PERFORM ANY INVESTIGATION NECESSARY TO FURTHERING THE ACCEPTANCE OF THIS APPLICATION. I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE SOUTH RIVER RESCUE SQUAD.

 Signature Date

 Name (please print)