



High Bridge Emergency Squad

PO Box 14
95 West Main Street
High Bridge, NJ 08829

Tel: 908.638.4441
Fax: 908.638.0017
Email: hbes@hbes.org

Membership Application

Applying For (Circle **All** That Apply)

Cadet (ages 14-18)* EMS Division Rescue Associate (tactical & marine)**

Name: _____ Date of Birth: _____

Address: _____

Occupation: _____ Work Phone No. (____) _____

Home Phone No. (____) _____ Other Primary No. (____) _____

Do you have a valid NJ drivers license? _____ Drivers License #: _____

Has your driving privilege ever been revoked or suspended? _____ If **yes** please explain and provide the date and reason: (attach an additional page if necessary)

Have you ever been arrested? _____ If **yes** please explain providing the date and reason: (attach an additional page if necessary)

Have you ever been convicted or entered a plea of guilty to any crime? _____ If **yes** please explain providing the date and reason: (attach an additional page if necessary)

Do you have any first aid, rescue or medical training or certifications? If so please list them: (attach an additional page if necessary)

Are you willing to attend an EMT training course? _____

Please list any previous or current affiliation with Fire, Rescue or Emergency Services (organizations and dates of service): (attach an additional page if necessary)

*14 years of age and in 9th grade

** Must be 16 years of age for Marine and must be 18 years of age for Tactical

Why do you want to be a volunteer member of the High Bridge Emergency Squad and what are your expectations?

What contributions do you believe you have to offer the Squad?

Please provide two (2) personal references over the age of 18 that you have known for at least one (1) year.

***Do Not* list relatives or squad members:**

	Name:	Address:	Phone No.
1.	_____		
2.	_____		

All applicants are required to submit to a criminal and Motor Vehicle Commission background check.

I have, to the best of my knowledge & ability, answered all questions accurately and truthfully.

I agree to abide by the rules & regulations of the Squad and to immediately return any Squad equipment issued to me, upon request of the Squad.

Full Name of Applicant (Printed): _____

Signature: _____ Date: _____

Cadet Parent/Legal Guardian (Printed): _____

Cadet Parent/Legal Guardian Signature:

Date: _____

Authorization for Background Check

I, _____, hereby agree to be fingerprinted by the High Bridge Police Department (HBPD) for processing through the NJ State Police. I give my consent for the NJ State Police to release any and all records about me pertaining to a criminal background check to the HBPD for their review. HBPD will determine if anything contained in the records is a disqualifier based on the criteria established by the High Bridge Emergency Squad, (Squad) that would prevent my membership being accepted by the Squad. At no time will the Squad view or have access to the actual documents.

I give my consent to allow the Squad to obtain my records from the Motor Vehicle Commission as part of this background check. These records will be reviewed and maintained by the Executive Committee of the Squad.

I understand this background check is being conducted in response to my application for membership with the Squad.

I agree to contact the HBPD (as indicated below) within 5 days from the date of submitting this application to the Squad, to make an appointment for fingerprinting no more than 10 days from the date of submitting this application.

This authorization will expire 90 days following the date of my signature.

Full Name: (Printed): _____

Signature: _____ Date: _____

Social Security # (Required): _____ - _____ - _____

Cadet Parent/Legal Guardian (Printed): _____

Cadet Parent/Legal Guardian Signature:

Date: _____

Contact Information:

**High Bridge Police Department
99 Main Street
High Bridge NJ 08829**

908-638-6500

Contact: Sergeant Bartman

Please bring a copy of this authorization with you to the police station.

For organization use only:

Date of membership committee meeting _____

Date of Interview _____

Membership committee comments _____

Signatures of Membership committee

Chair _____

Member _____

Signatures of Executive committee:

President _____

Vice-President _____

Chief _____

Accepted as: Cadet Rescue/Marine EMT Trainee

Date voted into organization: _____