



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

Tel: 908.638.4441
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Membership Application

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

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

Name: _____ Date of Birth: _____

Address: _____

Occupation: _____ Cell Phone No. (____) _____

Home Phone No. (____) _____ Email address: _____

Is your license valid? _____ Drivers License #: _____

Has your driving privilege ever been revoked or suspended?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

Have you ever been arrested? _____. If **yes** please explain listing the date, location, and reason for the arrest: (attach an additional page if necessary) _____

Have you ever been convicted or entered a plea of guilty to a crime other than a motor vehicle violation? _____. If **yes** please explain listing the court, date, and settlement of the court:(attach an additional page if necessary) _____

Would you be willing to submit to a Police Check? _____.

Do you have any first aid, rescue, or medical training? _____ If **yes**, please explain:

Are you willing to attend an EMT training course? _____

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

Do you have any physical, medical, or other restrictions that may affect your duties as a squad member: If **yes** please explain:

Please provide two (2) personal references that you have known for at least one (1) year.

Do Not list relatives or squad members:

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

Please briefly answer the organization benefit from having you as a member? What do you expect to gain from joining this organization? Why do you want to volunteer?

I have, to the best of my knowledge & ability, answered all questions for reference purposes & hereby give my consent to any investigation.

I agree to abide by the rules & regulations of the squad & also agree to return any squad equipment issued to me upon request of the squad.

Signature: _____ Date: _____

Cadet Parent/Legal Guardian Signature: _____

Date: _____

For organization use only:

Date of membership committee meeting _____

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: _____

New Member Information Form

(Membership Committee Please give this completed form to Recording Secretary upon member being accepted)

Name: _____ Date of Birth: _____

Address: _____

Cell Phone No. (____) _____ Home Phone No. (____) _____

Email address: _____

Accepted as: Cadet Rescue/Marine EMT Trainee

Date voted into organization: _____

Authorization for Background Check

I, _____, give my consent to allow the High Bridge Emergency Squad to perform a criminal and motor vehicle background check. These records will be reviewed and maintained by the President of the Squad.

I understand this background check is being conducted in response to my application for membership with the Squad. This check may include a fingerprint check through the High Bridge Police Department.

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

Full Name: (Printed): _____

Signature: _____ Date: _____

Date of Birth (Required) _____

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

Driver's License # (Required): _____

Cadet Parent/Legal Guardian (Printed): _____

Cadet Parent/Legal Guardian Signature: _____ Date: _____