

**LAKELAND EMERGENCY SQUAD INC.**  
PO Box 311 -- Andover -- NJ -- 07821

Membership Type: \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP**

**INSTRUCTIONS:** Please "PRINT" using permanent ink. All parts must be filled out for acceptance. Make sure you READ and UNDERSTAND the Investigation Waiver & Statement on the opposite side of this application. This application is subject to review & investigation by the Membership Committee of the Lakeland Squad. Attach a photocopy of your NJ driver's license and any EMT, First Aid, or CPR card you have.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ # Of Years: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ # Of Years: \_\_\_\_\_

**LIST BELOW ANY COURSES OR CERTIFICATIONS WITH EXPIRATION DATES:**

\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever been a member of a first aid squad or fire department?  
If Yes; Where and reason you left: \_\_\_\_\_

Have you ever been convicted of, or plead guilty to, a disorderly persons offense, a crime, or a D.W.I. Charge? \_\_\_\_\_ If "yes": Jurisdiction/s \_\_\_\_\_

Date/s \_\_\_\_\_ Penalties: \_\_\_\_\_

**REFERENCES: [ No Relatives ]**

**NAME: ADDRESS: PHONE #: YEARS KNOWN:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature

Date

Accepting Officer

Date

**INVESTIGATION WAIVER & STATEMENT:**

I, \_\_\_\_\_, hereby give my permission freely, to the Lakeland Emergency Squad Inc. to check with my past first aid squad or fire department and to investigate through local, federal & state authorities my driving record and criminal record, for the determination of my suitability for membership in the Lakeland Emergency Squad Inc.

I understand that any and all information received as a result of this waiver, will be held in the strictest confidence by the Lakeland Emergency Squad Inc.

I understand the type of work performed by the Lakeland Emergency Squad Inc, and what is expected of its members. If accepted into membership I agree to govern myself in accordance with the Constitution, By-Laws and SOP's of the Lakeland Emergency Squad now in effect, as well as those that may take effect in the future. I hereby agree to hold harmless the Lakeland Emergency Squad Inc., its trustees, officers, and members for any injuries, incurred losses or damages, suffered by me in the service of the squad.

I also certify that I have no physical or mental disability, injury or illness which would make me unfit for squad activities. I agree that I will immediately inform the Lakeland Emergency Squad Inc. , both verbally and in writing, if in the future I do develop a physical or mental disability, injury or illness which would in any way affect my ability to perform any of my duties as a member of the Lakeland Squad. I further certify that all statements made by me on both sides of this application are, to the best of my knowledge, true and correct. I fully understand that any falsification made by me on this application will be grounds for automatic rejection of this and any future applications made by me to the Lakeland Emergency Squad Inc. I further understand that in the event I have given any false information on this application that I can be automatically dismissed from membership when such false information becomes known to the Lakeland Emergency Squad Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**THE FOLLOWING IS TO BE COMPLETED BY THE MEMBERSHIP COMMITTEE:**

We, the Membership Committee; APPROVE \_\_\_\_\_ REJECT \_\_\_\_\_ the above named applicant for probationary membership in the Lakeland Emergency Squad.  
Reasons for determination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Probation Dates: \_\_\_\_\_

Copy Of By-Laws Given: Yes \_\_\_ No \_\_\_ Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Copy Of SOP'S Given: Yes \_\_\_ No \_\_\_ Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_