



Independence First Aid Squad, Inc.

P.O. Box 137, Great Meadows, NJ 07838 908-637-4477

Membership Application

Name: _____ **Date of Birth:** _____

S.S.#: - - **Drivers License #** _____ **State:** _____

Present Address: _____

City: _____ **State:** _____ **ZipCode:** _____

Home Phone Number: _____ **Cell phone number/Pager** _____

Employer: _____ **Occupation:** _____

Work Phone Number: _____ **Dates Employed: From:** _____ **To:** _____

Do you possess any first aid, rescue, or medical training? Circle one: Yes No
If yes, please explain:

If any previous or current affiliation with Fire, Rescue, or Emergency Services, please list names of organization(s), location and dates of service or membership:

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

Please provide three (3) character references that you have known for at least one (1) year. Do not list relatives or squad members:

Name Number	Address	Phone
1.		
2.		
3.		

In signing this preliminary application I agree that all information provided has been true. I also understand that references, as well as other information such as criminal and driving records may be checked by the squad or any other agency to assist in the process of selecting qualified personnel to serve our community.

Signature: _____ **Date:** _____

Please be aware upon acceptance you will be expected to complete the necessary requirements within a specific period of time as written in our By-Laws and Constitution.