

Shrewsbury First Aid Squad, Inc.

P.O. Box 262, Shrewsbury, New Jersey 07702

APPLICATION FOR MEMBERSHIP

Instructions:

Thanks you for your interest in the Shrewsbury first Aid Squad. We are always looking for new members. This application should be completed in its entirety and returned to the Shrewsbury First Aid Squad at the address listed above or delivered to any Squad member in person. The Membership Committee will review the application and contact you within 30 days.

Membership requirements:

- Be at least 16 years of age.
- Be a resident of the Borough of Shrewsbury, live within a two mile radius of the first aid building, or work within the Borough of Shrewsbury
- Hold a current CPR card for Healthcare Professionals. This can be obtained as part of your First Aid training program once you are accepted as a "Member-In-Training".
- Maintain your status as a registered EMT. EMT certification can be obtained as part of your First Aid training

Upon acceptance into the Shrewsbury First Aid Squad you will join the squad as a "Member-In-Training", if you do not yet already have CPR and EMT certifications. You can start responding to emergency calls after you've begun your EMT training. Members are required to maintain their EMT and CPR certifications and are expected to commit to a nighttime "Duty Crew" or to respond to daytime calls as agreed upon with the Squad Captain. Attendance at monthly Squad meetings and participation in working committees are required as needed.

NAME: _____ DOB: _____ Email: _____

ADDRESS: _____ HOME PHONE: _____

BUS. ADDRESS: _____ BUS. PHONE: _____

SS#: _____ CPR Certification? _____ EMT Certification?: _____

DL#: _____ Ever been convicted of a felony? _____

Have you ever been involved in EMS? If yes explain. _____

Remarks: _____

Applicant Signature: _____ Date: _____

SFAS USE ONLY: SFAS Application # _____, Interview Date: _____, Acceptance date: _____