

**MEMBERSHIP STATUS DESIRED:**

\_\_\_\_ASSOCIATE \_\_\_\_INDUSTRIAL  
\_\_\_\_CADET \_\_\_\_OBSERVER  
\_\_\_\_DRIVER

Shirt Size \_\_\_\_\_ Jacket Size \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP  
BERKELEY HEIGHTS VOLUNTEER RESCUE SQUAD**

**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street City Zip

**MAILING ADDRESS (if different from above)** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

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Previous First Aid experience: \_\_\_\_\_

Valid First Aid/CPR certifications now held: \_\_\_\_\_

Courses currently enrolled in: \_\_\_\_\_

Additional training (First Aid, Hazmat, etc) received within the last 5 years: \_\_\_\_\_

How did you become interested in Squad membership? \_\_\_\_\_

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**ALL BHVRS ASSOCIATE, INDUSTRIAL AND OBSERVER MEMBERS MUST:**

- Be at least eighteen (18) years of age
- Possess a valid NJ driver's license
- Have completed a standard course in First Aid as approved by the NJ State First Aid Council (Exception: Observer members)
- Hold valid certification in CPR/AED for the Professional Rescuer
- Provide physician's note stating that you are physically able to perform first aid duties
- Be in accord with the objectives of the BHVRS

**REGULAR MEMBERSHIP, IN ADDITION TO THE ABOVE, REQUIRES:**

- certification as a Emergency Medical Technician (EMT)

**CADET MEMBERS MUST:**

- be sixteen (16) years of age
- Hold valid standard first Aid and CPR Pro with AED
- Have the approval of his/her parents to participate
- Be recommended by a teach or guidance counselor

**BHVRS APPLICATION FOR MEMBERSHIP – PAGE 2**

I hereby declare that I, \_\_\_\_\_:  
(Print your name)

- ... shall endeavor to maintain the ideals and standards of the Berkeley Heights Volunteer Rescue Squad
- ... will be alert and responsive to all emergency calls during my assigned Duty hours;
- ... will attend meetings and functions of the Squad;
- ... will aid in the orderly maintenance of Squad property;
- ... will refrain from divulging confidential matters of the Squad's discussions And business as well as information learned on Squad calls;
- ... will neither expect nor accept payment for services rendered in performance of Squad duties;
- ... will, upon retirement from active membership, return any equipment Belonging to the Squad in presentable and clean condition.

I understand and agree to comply with the statements above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Carrier (i.e. Verizon) \_\_\_\_\_  
Add cell number to the BHVRS Text Message edispatch system: \_\_\_\_\_ yes \_\_\_\_\_ no  
Member will be responsible for all fees associated with receiving edispatch text messages

**Personal Reference** (not a family member): \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

**(Do not write below this line)**

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Training qualifications verified: **CPR** \_\_\_\_\_ **FIRST AID** \_\_\_\_\_

Medical approval received from \_\_\_\_\_, M.D.

Personal reference checked on \_\_\_\_\_ (date) \_\_\_\_\_

Date interviewed \_\_\_\_\_ Action taken: \_\_\_\_\_ Approved  
\_\_\_\_\_ Rejected  
\_\_\_\_\_ Hold

Reason for rejection or hold: \_\_\_\_\_

**Membership committee:** \_\_\_\_\_, chairman

\_\_\_\_\_

**BHVRS APPICATION FOR MEMBERSHIP – Page 3**

To: Berkeley Heights Police Department

I have applied for membership in the Berkeley Heights Volunteer Rescue Squad. For the purposes of this application, I hereby authorize the release of any driving history record maintained by your agency or available to your agency, meeting dissemination criteria for the stated purpose, to the Berkeley Heights Volunteer Rescue Squad.

In addition, I hereby authorize the Berkeley Heights Police Department to conduct a criminal background check, including but not limited to any records of arrests and/or convictions of any kind, and the release of the information obtained, to the Berkeley Heights Volunteer Rescue Squad.

(Please print or type)

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

Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_, Date of Birth \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_, Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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Please return this form to: BHVRS  
Membership Committee  
Renee Illan, Chairperson  
P.O. Box 117  
Berkeley Heights, NJ 07922

**BHVRS – APPLICATION FOR MEMBERSHIP – Page 4**  
(This page is to be completed by applicant for CADET membership only)

I, \_\_\_\_\_, am applying for cadet membership in the Berkeley Heights Volunteer Rescue Squad.

I understand that this is a regular commitment of three hours weekly. If my grades should be affected, i.e., if **ANY** grade falls below a C, I understand that I must go on inactive status until said grades return to a C or above. (I will make my report card grades available to the Captain or the Cadet Coordinator on a timely basis.)

I understand that, during my tour of duty, I will remain at Squad Headquarters with adult supervision.

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

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I, \_\_\_\_\_ parent or guardian of \_\_\_\_\_ have read and understand the above criteria for cadet membership in the Berkeley Heights Volunteer Rescue Squad. I approve of my son/daughter's desire to serve with this organization and will assist his/her efforts to comply with these standards.

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

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(This section is to be completed by a teacher or guidance counselor at the high school attended by applicant).

I have read the above criteria for cadet membership in the Berkeley Heights Volunteer Squad and can recommend said applicant. I understand that it is his/her responsibility to provide the Cadet Coordinator with report card grades on a regular basis.

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

Position \_\_\_\_\_

If there is additional information you consider pertinent, please include and sent to:

**BHVRS**  
Membership  
Renee Illan, Chairperson  
P.O. Box 117  
Berkeley Heights, NJ 07922