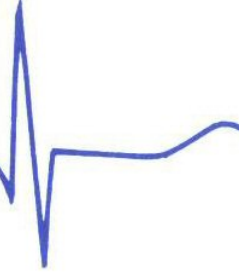




BERKELEY HEIGHTS
VOLUNTEER RESCUE SQUAD



Application for Membership

Return to: Berkeley Heights Volunteer Rescue Squad
Attn: Membership
PO Box 117
Berkeley Heights, NJ 07922

For additional Membership information, call: (908) 464-0013

Personal Information

First Name:				Middle Name:		Last Name:	
Street:		City:		State:		Zip:	
Home Telephone:		Cell Phone:		Date of Birth:			
Driver License:		Issuing State:		#Years Driving:			
Email Address:				Social Security Number:			

Has your driver's license ever been suspended or revoked for any reason? Circle: No Yes. If so, please provide the details:

Have you ever been convicted of a crime? Circle: No Yes. If so, please provide the details:

Do you currently have any health problems or physical disabilities which would prevent you from being an active participant on the rescue squad? Circle: No Yes. If so, please provide the details:

Work/School Information

Employer/School:		Employer/School Telephone:			
City:		State:		Zip:	

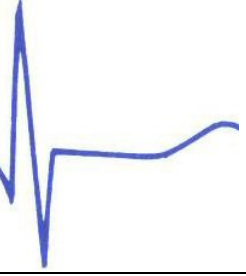
By signing this application I certify that all information contained herein is true. I further authorize the Berkeley Heights Volunteer Rescue Squad to perform a criminal background check and a motor vehicle records check.

Applicant Signature*: _____ Date: _____

*Applicants under 18 years of age must have a legal guardian signature



BERKELEY HEIGHTS
VOLUNTEER RESCUE SQUAD



Application for Membership

Indicate Times Available and First Aid Training

	AM	PM	Card	Expiration Date
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please provide the names of two personal references

Name:			Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Relationship:			Relationship:		
Number of Years Known:			Number of Years Known:		
Telephone:			Telephone:		

Additional Information

Is there any other training or experience which you feel would be applicable to the Berkeley Heights Volunteer Rescue Squad?

For Rescue Squad Use Only:

Interviewed ____ Introduced ____ Proposed ____ Voted In ____ Membership Chair ____