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**MINE HILL TOWNSHIP**

**FIRST AID SQUAD**

10 Baker Street, Mine Hill, New Jersey 07803

Dear Applicant,

Thank you for your interest in joining the Mine Hill First Aid Squad!

Attached is the application, agreement, and waiver and consent.

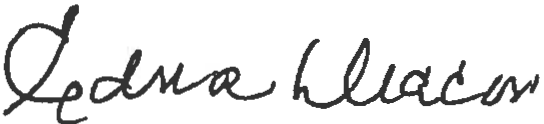
Please fill out the entire application in its entirety including having the last page, the waiver and consent, notarized. You may go to Mine Hill Town Hall and have this application notarized free of charge.

Once you complete the application please bring the application to Town Hall and it will be submitted to the executive board and line officers for review. Once reviewed, you will be contacted for an interview.

If you have any questions about the application, becoming a member, what is required as a volunteer etc. please contact us directly.

Thank you and we look forward to meeting you!

Sincerely,



Edna Deacon

President

(201) 424-0464

[EJDeacon@aol.com](mailto:EJDeacon@aol.com)

# Mine Hill First Aid Squad

# Volunteer Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |
|  |  |  |  |  |  |
|  | Maiden Name (if applicable) |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  |  |

|  |
| --- |
| Drivers License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## Experience

|  |  |
| --- | --- |
| YES | NO |

Have you previously been, or a current member of any other First Aid Squad or Fire Department?

If you answered yes to the above question, please list all related memberships:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Squad/Dept. Name | Captain/Chief Name | Squad/Dept. Phone # | Member Since | Current Member? | |
|  |  |  |  | YES | NO |
|  |  |  |  | YES | NO |

**Are you interested in being an EMT, Driver or Auxiliary member?**

EMT (Emergency Medical Technician) **Go to section A**

Driver **Go to section B**

Auxiliary **go to section C**

1. **I am interested in being an EMT Only:**

**Do you have the following training:**

EMT- B  Professional CPR  First Responder Paramedic Nurse  Basic First Aid

None of the Above

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Would you be interested in going to school to obtain your EMT Certification? | YES | NO |  |
| 2. When would you like to attend school? | Spring | Fall | Earliest Available |  |

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**B. I am interested in being a Driver Only:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Have you ever operated/driven an ambulance or fire truck? | | YES | | NO | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
| *2. Have you ever taken a Defensive Driving Course?* | | YES | | NO | |  | |
| If Yes, When?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |  | |
|  | |  | |  | |  | |
| 3. Would you object to taking a Defensive Driving Course? | | YES | | NO | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
| 4. Do you or have you ever had a Commercial Driver’s License? | | YES | | NO | |  | |
| 5. Do you have a professional CPR Card? | | YES | | NO | |  | |
| (If no go to question 5a) | |  | |  | |  | |
| 5a. Would you object to taking the class? | | YES | | NO | |  | |
|  |  | |  | |  | |
| **C. I am Interested in being an Auxiliary member only:** |  | |  | |  | |
| 1. How would you like to help the first aid squad as an auxiliary member? |
| Assisting with maintaining/cleaning squad bays and ambulances  Public Relations & Advertising  Clerical Work  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  | |  | |

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## Professional References

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship: |  |  |  |  |  |

|  |  |
| --- | --- |
| Home/Cell Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Years Known: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Relationship: |  |  |  |  |  |

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| --- | --- |
| Home/Cell Phone: |  |

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| --- | --- | --- | --- |
| Years Known: |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| May we contact your reference? | | YES | NO |  | |
|  | |  |  |  | |
|  | |  |  |  | |
| Name: |  | | | Phone: |  |
| Address: |  | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship: |  |  |  |  |  |

|  |  |
| --- | --- |
| Home/Cell Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Years Known: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

**WAIVER AND CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

Residing at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address)

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

(City) (State) (Zip)

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Am hereby submitting my application for membership to join the Mine Hill First Aid Squad. I hereby waive any right to privacy I may have and hereby consent to, and authorize, the Mine Hill First Aid Squad and/or its officers or agents to conduct an investigation of my background to determine if I am of good moral character and that I have not been convicted of any criminal offense involving moral turpitude. The waiver granted herein, extends to all governmental agencies utilized in the investigation, including but not limited to Mine Hill Township and the Borough of Wharton.

I hereby authorize the Mine Hill First Aid Squad and the Wharton Police Department to apply for, request and obtain any relevant information from any local, state or federal law enforcement agency including another state, county or municipality.

I hereby consent to being fingerprinted for purposes of such investigation.

Full Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Notary Public***

Sworn before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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

Notary Public

My commission expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--------------------------------------- MINE HILL FIRST AID SQUAD USE ONLY---------------------------------------**

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Reviewed by Board of Trustees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Interview Scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application submitted for Background Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motor Vehicle Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_