

# Wayne Township Memorial First Aid Squad Inc.

PO Box 291

Wayne, New Jersey 07474-0291

## APPLICATION FOR MEMBERSHIP

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

Residential Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Bus.: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Citizenship: \_\_\_\_\_

SS#: \_\_\_\_\_ NJ DL#: \_\_\_\_\_

Training: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date & Location of Course: \_\_\_\_\_

Experience: \_\_\_\_\_

Scheduling preference: Day \_\_\_\_\_ Evening \_\_\_\_\_ Unknown \_\_\_\_\_

Have you previously served on a volunteer first aid squad? \_\_\_\_\_

Name of Squad: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Other Skills, training and certifications: \_\_\_\_\_

All members are insured. Kindly complete the following

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

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ALL STATEMENTS OF FACT MADE HERIN SRE CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM ACCEPTED AS A MEMBER OF THE WAYNE MEMORIAL FIRST AID SQUAD, IPROMISE TO CONDUCT MYSELF IN ACCORDANCE WITH THE RULES AND PERPOSES OF TH SQUAD AND TO CONDUCT MYSELF IIN A PROFESSIONAL MEMBER WHEN ENGAGED IN TREATING THE PUBLIC.

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