

# ***Belvidere Ambulance Corps Application for Membership***

Completed applications may be personally delivered to the secretary or mailed to:

Belvidere Ambulance Corps, 234 Paul St. Belvidere, NJ 07823.

ALL INFORMATION IS CONFIDENTIAL, EXCEPT AS REQUIRED TO PROCESS THE APPLICATION.

Membership Category:  Cadet;  Active (Probationary);  Driver Only;  Auxiliary.

## **Personal Information:**

Name:

Last: \_\_\_\_\_; First: \_\_\_\_\_; Middle: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male or  Female

E-mail Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Present Address:

Street; \_\_\_\_\_; City; \_\_\_\_\_ State; \_\_\_ Zip; \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

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

How long did you live there? \_\_\_\_\_

## **Work History:**

Employer; \_\_\_\_\_; Work phone #; \_\_\_\_\_

Occupation; \_\_\_\_\_; Immediate Supervisor; \_\_\_\_\_

How long have you been there? \_\_\_\_\_ What shift do you work? \_\_\_\_\_

Previous Employer; \_\_\_\_\_; Phone # ; \_\_\_\_\_

How long were you there? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## **Criminal / Motor Vehicle Background Check:**

Do you have a valid driver's license?  yes  no, State \_\_, Lic. # \_\_\_\_\_

Has your license ever been suspended?  no  yes, explain \_\_\_\_\_

Additional classifications?  CDL, how long? \_\_\_;  Boat, how long? \_\_\_

Other? \_\_\_\_\_

Have you any accidents in the last five (5) years?  no,  yes, explain \_\_\_\_\_

Total points currently against your license. \_\_\_; explain; \_\_\_\_\_

Have you ever been complained of, indicted, or convicted of any criminal offense?

no  yes, explain \_\_\_\_\_

## **Medical History:**

Do you have any medical conditions that might hinder your performance of normal squad activities? (lifting, carrying, stairs etc.)  no,  yes, explain \_\_\_\_\_

**Please have the Physical Release form filled out and returned within 30 days of the date of acceptance.**

## **Education Background:**

High School Graduate?  no,  yes, where? \_\_\_\_\_;

Highest grade? \_\_\_

Can you read and write English?  no,  yes,  partially.

Do you speak any other languages?  no,  yes, please specify \_\_\_\_\_

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## **First aid Experience:**

Previous Squad Experience?  no,  yes, Name of squad? \_\_\_\_\_

Phone # of squad? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

\_\_\_\_\_  
List all cards and certifications currently held and their expiration dates: \_\_\_\_\_

\_\_\_\_\_  
Do you have and Instructor Cards?  no,  yes, please list courses and expiration dates: \_\_\_\_\_

## **References:**

Give two (2) references other than relatives or squad members:

Name: \_\_\_\_\_; Phone # \_\_\_\_\_

Name: \_\_\_\_\_; Phone # \_\_\_\_\_

If acceptance is obtained under this application, I agree to comply with all orders, rules, and regulations of the Belvidere Ambulance Corps. All the information given on this application is accurate to the best of my knowledge. However, I give the Belvidere Ambulance Corps permission to research the information contained in this application as they deem necessary. It is understood that any false statements on this application are sufficient cause for rejection or dismissal.

By signing this application, I understand that my acceptance into the Belvidere Ambulance Corps is on a probationary basis; I further acknowledge that I may be dismissed for just cause at any time under the conditions stated in the bylaws.

Signature of Applicant \_\_\_\_\_; Date \_\_\_\_\_

## **Cadet Applicants ONLY:**

I give my consent to the above named juvenile to become a member of the Cadet Corps of the Belvidere Ambulance Corps. I give the Corps my permission to research the information contained in this application, as they deem necessary.

Parent or Guardian Signature \_\_\_\_\_; Date \_\_\_\_\_

## **Do not write below this line - Secretary use only.**

Application # \_\_\_\_ Date \_\_\_\_\_ and Time \_\_\_\_ received.

Interview Date \_\_\_\_\_ Follow-up? \_\_\_\_\_

Date Application presented to the body \_\_\_\_\_ Date of acceptance: \_\_\_\_\_

## **Comments:**

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