



BLUE RIDGE RESCUE SQUAD
P.O. BOX 232 BRANCHVILLE NJ 07826
MEMBERSHIP APPLICATION

PLEASE COMPLETE THIS MEMBERSHIP APPLICATION TO THE BEST OF YOUR KNOWLEDGE IN BLACK OR BLUE INK. ANY INCOMPLETE APPLICATIONS OR MISREPRESENTATION IS CAUSE FOR REJECTION.

BLUE RESCUE SQUAD AND CADET CORPS IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE,SEX,COLOR,OR RELIGION

PLEASE PRINT CLEARLY , (PLEASE ANSWER THE QUESTIONS WITH YES OR NO)

LAST NAME _____ MI _____ FIRST NAME _____

DATE OF BIRTH _____ AGE _____ SSN: _____ - _____ - _____

GENDER _____

MAILING ADDRESS: _____

CITY _____ ZIP CODE _____ WHAT TOWN YOU LIVE IN _____

STREET ADDRESS : _____

MILES AWAY FROM THE STATION: _____ TELEPHONE NUMBER _____

BEST TIME TO BE CONTACTED _____ EMAIL _____

DO YOU HAVE A VALID DRIVER'S LICENSE _____ IF YES WHAT STATE _____

HOW MANY POINTS ON LICENSE IF ANY _____ DL# _____

ARE YOU A UNITED STATES CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE U.S. _____

HAVE YOU BEEN CONVICTED OF A CRIME _____ *(THIS DOES NOT CAUSE IMMEDIATE ELIMINATION FROM MEMBERSHIP OF THE SQUAD)*

DO YOU HAVE ANY MEDICAL AND/OR MENTAL/PHYSICAL DISABILITIES THAT MAY IMPAIR OR RESTRICT YOU FROM PERFORMING THE DUTIES OF AN EMERGENCY MEDICAL CARE PROVIDER _____

IF YES PLEASE EXPLAIN _____

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SCHOOLING:

ARE YOU STILL IN HIGH SCHOOL _____ IF YES WHAT SCHOOL _____
(IF YOU ARE STILL IN SCHOOL PLEASE HAVE A COPY OF YOUR REPORT CARD OR A LETTER FROM A GUIDANCE COUNSELOR THAT SAYS YOU MAINTAIN A "C" AVERAGE)

WHAT IS YOUR EXPECTED GRADUATION DATE _____

ARE YOU ENROLLED IN COLLEGE _____ IF YES WHAT COLLEGE _____

VOLUNTEER HISTORY

HAVE YOU BEEN ON A VOLUNTEER FIRE OR FIRST AID SQUAD BEFORE _____
(IF YES PLEASE LIST AGENCIES BELOW)

NAME OF DEPARTMENT _____ FROM _____ TO _____

PHONE NUMBER _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS DEPARTMENT AS A REFERENCE _____

NAME OF DEPARTMENT _____ FROM _____ TO _____

PHONE NUMBER _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS DEPARTMENT AS A REFERENCE _____

NAME OF DEPARTMENT _____ FROM _____ TO _____

PHONE NUMBER _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS DEPARTMENT AS A REFERENCE _____

HAVE YOU EVER BEEN TERMINATED OR REJECTED FROM ANY FIRST AID SQUAD OR VOLUNTEER ORGANIZATION _____ IF YES PLEASE EXPLAIN _____

CERTIFICATES

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DO YOU HAVE ANY VALID FIRST AID CERTIFICATIONS OR ANY OTHER SPECIALIZED TRAINING _____ (IF YES PLEASE LIST BELOW THE CERTIFICATION AND EXPIRATION DATE AND WE WILL NEED A COPY OF EACH CERTIFICATION)

_____ EXP: _____

_____ EXP: _____

_____ EXP: _____

_____ EXP: _____

_____ EXP: _____

_____ EXP: _____

ARE YOU COMMITTED TO DEVOTING THE TIME TO COMPLETE REQUIRED TRAINING YES OR NO

ARE YOU COMMITTED TO ATTENDING ALL REQUIRED MEETINGS AND DRILLS OF THE BLUE RIDGE RESCUE SQUAD INC. AND MAINTAINING ALL CERTIFICATIONS AS WELL AS FULFILLING THE OBLIGATIONS REQUIRED OF YOU FOR TAKING DUTY _____

EMPLOYMENT

PLEASE LIST THE ADDRESSES OF EMPLOYERS FROM THE PAST TWO YEARS STARTING WITH THE MOST RECENT. IF SELF EMPLOYED PLEASE STATE WHAT NATURE OF YOUR WORK

BUSINESS _____ PHONE # _____

SUPERVISOR _____ ADDRESS _____

DESCRIPTION OF DUTIES _____

DATES OF EMPLOYMENT _____ TO _____ MAY WE CONTACT THEM _____

BUSINESS _____ PHONE # _____

SUPERVISOR _____ ADDRESS _____

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DESCRIPTION OF DUTIES _____

DATES OF EMPLOYMENT _____ TO _____ MAY WE CONTACT THEM _____

BUSINESS _____ PHONE # _____

SUPERVISOR _____ ADDRESS _____

DESCRIPTION OF DUTIES _____

DATES OF EMPLOYMENT _____ TO _____ MAY WE CONTACT THEM _____

REFERENCES PLEASE LIST BELOW THREE NON RELATED REFERENCES U.S. CITIZENS THAT HAVE KNOWN YOU FOR AT LEAST TWO YEARS OR GREATER THAT WE MAY CONTACT AS A REFERENCES

FULL NAME: _____ PHONE#: _____

ADDRESS: _____

YEARS KNOWN : _____ RELATIONSHIP: _____

FULL NAME: _____ PHONE#: _____

ADDRESS: _____

YEARS KNOWN : _____ RELATIONSHIP: _____

FULL NAME: _____ PHONE#: _____

ADDRESS: _____

YEARS KNOWN : _____ RELATIONSHIP: _____

EMERGENCY CONTACT THIS IS JUST INCASE SOMETHING HAPPENS AND WE NEED TO CONTACT SOMEONE FOR YOU

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FULL NAME _____ RELATIONSHIP _____

PHONE# _____ ALTERNATE PHONE # _____

FULL NAME _____ RELATIONSHIP _____

PHONE # _____ ALTERNATE PHONE # _____

DECLARATION PLEASE PRINT YOUR NAME ON THE TOP LINE AND READ THE PARAGRAPH AND CHECK AGREE OR DISAGREE AND THEN SIGN AND DATE THE BOTTOM

I _____, HEREBY MAKE APPLICATION FOR MEMBERSHIP TO THE BLUE RIDGE RESCUE SQUAD INC. IF ACCEPTED I AGREE TO ABIDE BY THE CONSTITUTION AND THE BY-LAWS OF THE SQUAD. I UNDERSTAND THAT FALSIFICATION OF ANY ACT ON THIS APPLICATION IS JUST CAUSE FOR IMMEDIATE REFUSAL OF ACCEPTANCE OR DISMISSAL FROM THE SQUAD ONCE SUCH INFORMATION MADE KNOWN. I FURTHERMORE AGREE TO BY SIGN AND CHECKING THE BOX BELOW AND SUBMITTING THIS APPLICATION FOR REVIEW, ALLOW BLUE RIDGE RESCUE SQUAD INC. , IT INSURANCE COMPANY , REPRESENTATIVE, OR ANY LAW ENFORCEMENT AGENCY DEEMED APPROPRIATE TO PERFORM A CRIMINAL AND DRIVING BACKGROUND CHECK ON ME.

- AGREE
- DISAGREE

SIGNATURE: _____ DATE: _____

WITNESS NAME _____ SIGNATURE _____ DATE _____

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