



PO Box 572 / 129 Boyden Avenue / Maplewood, NJ 07040
(973) 761-1075

Thank you for your interest in the Maplewood First Aid Squad. Enclosed are several items for you to complete and submit to the membership committee:

- APPLICATION:** Please complete and send to the above address or bring to the Squad headquarters. We are located at 129 Boyden Avenue Maplewood, NJ (by the Maplewood Town pool and the Elmwood Avenue intersection)
- REFERENCES:** Please give to two persons other than relatives. We will contact your present employer. Please have your references send completed forms to us or you can return them yourself. References may also be emailed to: Membership@MaplewoodFirstAidSquad.org
- INTERVIEW:** Upon receipt of the entire application, you will be contacted by a member of the membership committee to set up an interview. During this interview we will explain as much as possible about the Squad (riding requirements, training, crews, etc.) This is your opportunity as well to ask any questions you may have. At the completion of the interview, the membership committee will decide on a recommendation to the general membership whether to accept or decline you as a probationary member. You will be informed of their decision and reasons for the decision at that time.
- BACKGROUND:** After interviewing, you will be given a background check authorization form. You'll need to call the Maplewood Police Department's detective bureau to schedule a time to be fingerprinted. Results will be sent directly to the Maplewood First Aid Squad. Prior Membership Committee decisions may be influenced by the results of the background check.
- MEETING:** The recommendation to accept or decline a member will be brought up at the next General Membership Meeting, currently held on the second Wednesday of every month except July and August. You do not have to be present for that meeting. We will attempt to notify you of the membership's decision within two days of the meeting.

The Membership Committee will hold incomplete packets for 30 days.

**Joining the Maplewood First Aid Squad is fairly simple. Staying is harder!
Thank you for taking this first step.**

MFAS Membership Committee

"Neighbors helping neighbors"



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APPLICATION FOR MEMBERSHIP - PAGE 1

DATE OF APPLICATION: _____

LAST NAME: _____	FIRST NAME _____	
HOME ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: _____	CELL PHONE: _____	
EMAIL: _____		
DRIVERS LICENSE #: _____	STATE: _____	

- Are you over 17 years of age? YES ____ NO ____
- Have you ever applied to be a member of Maplewood First Aid Squad prior to this date? _____
If yes, what was the result? _____
- Have you ever been convicted of a felony? ____ If yes, please explain:

- Has your drivers license ever been suspended or revoked? ____ If yes, please explain:

- Have you ever been in the military service? ____ If yes, please list branch, rank, and type of discharge:

- If applicable, please list any current certifications in the EMS or medical fields:

Expires: _____

Expires: _____

Expires: _____

Maplewood First Aid Squad does not discriminate against race, creed or sex. Applicants must be over 17 years of age to be accepted as a probationary member.

APPLICATION FOR MEMBERSHIP - PAGE 2

REFERENCES:

1. Name: _____ years known _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

2. Name: _____ years known _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

EMPLOYMENT INFORMATION: May we contact your employer? YES ___ NO ___

Company Name: _____

Supervisor's Name: _____ Work Phone #: _____

Years Employed: _____ Occupation: _____

Hours of Availability:

The Maplewood First Aid Squad operates day & night shifts. Please mark your current availability.
Please mark "support member" if you are not planning to ride on the ambulances.

SUPPORT MEMBER _____	WEDNESDAY day ___ night ___	SATURDAY day ___ night ___
MONDAY day ___ night ___	THURSDAY day ___ night ___	SUNDAY day ___ night ___
TUESDAY day ___ night ___	FRIDAY day ___ night ___	

I certify that, to the best of my knowledge, the information contained in this application is true and accurate. I understand that Maplewood First Aid Squad has my permission to verify the information that I have submitted and perform a drivers license check.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

References: rec'd #1 ___ #2 ___ Background rec'd ___ contacted: ref #1 ___ ref #2 ___ Employer ___

Interview Date: _____ **By:** _____

Membership Committee Recommendation: Accept ___ Decline ___ Meeting Date: _____

Membership Decision: Accept ___ Decline ___ Applicant Notified Date: _____ Orientation Date: _____



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Dear _____
(reference name)

_____ has applied for membership with the
(applicant name)
Maplewood First Aid Squad and has offered your name as a reference.

To assist us in determining this candidates eligibility for membership, we would appreciate your completing this questionnaire and returning it at your earliest convenience. Please be assured that your response will be held in strict confidence. Please use back of this sheet or additional paper if needed.

Maplewood First Aid Squad, Membership Committee

- 1) How long, and in what capacity, have you known this candidate?

- 2) How would you rate this candidates dependability, initiative and integrity?

- 3) In your opinion, is this candidate able to perform under stressful conditions? If possible, please provide an example.

- 4) Please comment on the general health of the candidate, keeping in mind that our volunteers are required to do a significant amount of lifting and physically challenging duties.

- 5) Can you offer any further insights regarding this candidate's qualifications to become a member of the Maplewood First Aid Squad?

reference signature

date

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