



PO Box 572 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 and members of the Maplewood First Aid Squad. We will contact your present employer. Please have your references send completed forms to us or you can return them yourself.
- BACKGROUND:** Please complete attached form and bring it personally to your local police department's records department. The staff may be able to complete the request while you wait. You must return the background check prior to your interview.
- 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.
- 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**



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**APPLICATION FOR MEMBERSHIP**

DATE OF APPLICATION: \_\_\_\_\_

<b>LAST NAME:</b> _____	<b>FIRST NAME</b> _____	
<b>HOME ADDRESS:</b> _____		
<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP:</b> _____
<b>HOME PHONE:</b> _____	<b>PHONE #2:</b> _____	
<b>EMAIL:</b> _____		
<b>DRIVERS LICENSE #:</b> _____	<b>STATE:</b> _____	

- 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.

**REFERENCES:**

1. Name: \_\_\_\_\_ years known \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_ years known \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

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

Supervisor's Name: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Hours of Availability:**

The Maplewood First Aid Squad is staffed by volunteers 6 evenings a week from 7p – 7a and weekends. Every member has a duty shift. Please state your current night availability. **Please write "support member" if you are not planning to ride on the ambulances.**

\_\_\_\_\_

**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:**

Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

References: rec'd #1 \_\_\_\_\_ rec'd #2 \_\_\_\_\_ contacted #1 \_\_\_\_\_ Contacted #2 \_\_\_\_\_ Employer Contacted \_\_\_\_\_

Background Check rec'd \_\_\_\_\_ Committee Recommendation: Accept \_\_\_\_\_ Decline \_\_\_\_\_

Meeting Date: \_\_\_\_\_ 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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\_\_\_\_\_  
reference signature

\_\_\_\_\_  
date



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**BACKGROUND CHECK**

**APPLICANT:** Please submit this form to your local police department record division. Upon completion, return the background check with your application to the Maplewood First Aid Squad.

To: \_\_\_\_\_ Police Department

From: Maplewood First Aid Squad

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

The person identified below has applied for membership at the Maplewood First Aid Squad. Please remit for him / her a "Background Check".

Thank you for your cooperation.

**PLEASE PRINT:**

**Last Name:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_ **state:** \_\_\_\_\_

**Social Security # (if needed by PD)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**ACCEPTANCE BY THE MAPLEWOOD FIRST AID SQUAD MAY BE INFLUENCED BY THE INFORMATION ON THIS BACKGROUND CHECK.**