



EAST WINDSOR TOWNSHIP RESCUE SQUAD DISTRICT II  
 PO BOX 783  
 EAST WINDSOR, NJ 08520  
 609-448-8992

MEMBERSHIP INTEREST FORM

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Phone \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 How long have you lived at the above address: \_\_\_\_\_ years \_\_\_\_\_ months.  
 Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ S.S. # \_\_\_\_\_

Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

How long have you been employed at the above: \_\_\_\_ years. If less than two years, provide the name and address of your previous employer:

\_\_\_\_\_  
 \_\_\_\_\_

List all current Emergency Medical Service related training credentials, including the certifying agency and the expiration date:

<u>COURSE</u>	<u>CERTIFYING AGENCY</u>	<u>EXPIRATION DATE</u>
EMT	_____	_____
CPR	_____	_____
HAZMAT	_____	_____
PHTLS	_____	_____
STANDARD FIRST AID	_____	_____
OTHER: _____	_____	_____

Have you ever been a member of an Emergency Medical Services Organization or Fire Company?

Yes  No

If yes, please state:

Name of Organization: \_\_\_\_\_

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

Active Member from: \_\_\_\_\_ to: \_\_\_\_\_

Offices held:

\_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_ How long? \_\_\_\_\_

Have you ever been suspended/terminated from another squad?  Yes  No

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been arrested or convicted for violation of any ordinance, including moving violations?

Yes  No

If yes, please explain:

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If Needed:

- Do you authorize a routine driving record check?  Yes  No
- Do you authorize a criminal records check?  Yes  No

Do you have any physical or mental conditions that would impair your ability to perform on an ambulance crew?  Yes  No

If yes, please explain:

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Are you willing to accept assignments on an equitable basis with other members?  Yes  No

Why do you seek to join and participate in the activities of the East Windsor Rescue Squad District II?

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Please provide the names of two character references who may be contacted:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 How long known? \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 How long known? \_\_\_\_\_

The statements made herein are complete and truthful. I understand that this application is confidential and is subject to approval as set forth in the constitution and bylaws of the East Windsor Township Rescue Squad District II.

Name: \_\_\_\_\_ (Signed) Date: \_\_\_\_\_  
 \_\_\_\_\_ (Printed)

Internal Use Only

Interviewer 1: \_\_\_\_\_ Interviewer 2: \_\_\_\_\_

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

Sworn In On: \_\_\_\_\_