

OCEAN GATE FIRST AID SQUAD
P.O. 842
OCEAN GATE, NEW JERSEY 08740

APPLICATION FOR MEMBERSHIP

NAME _____ TELEPHONE #() _____

ADDRESS _____

SOC. SEC. # _____ DATE OF BIRTH _____

U.S. CITIZEN _____ RESIDENT OF OCEAN COUNTY _____ YEARS _____

DO YOU HAVE A VALID NJ DRIVER'S LICENSE ? _____ # _____

HAS IT EVER BEEN SUSPENDED IN NJ OR ANY OTHER STATE? YES _____ NO _____

REASON _____ DATE REINSTATED _____

MILITARY SERVICE BRANCH _____ DATE ENTERED _____

DATE AND TYPE OF DISCHARGE _____

DO YOU PRESENTLY HOLD ANY OF THE FOLLOWING CERTIFICATIONS:

CPR _____ EXP. DATE _____ EMT-A _____ EXP. DATE _____

EMT-B _____ EXP. DATE _____ EMT-D _____ EXP. DATE _____

OTHER _____ EXP. DATE _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PRECLUDE YOU FROM PERFORMING FIRST AID? ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE? ARE YOU TAKING PRESCRIBE MEDICATIONS? IF "YES" TO ANY OF THE ABOVE, GIVE AN EXPLANATION ON A SEPARATE SHEET OF PAPER. IF REQUESTED, YOU SHALL TAKE A PHYSICAL EXAM, BLOOD TEST, AND URINE TEST.

HAVE YOU RECEIVED A HEPATITIS B SERIES INOCULATION? _____ DATE _____

HAVE YOU BEEN TESTED FOR TUBERCULOSIS? _____

STATE YOUR REASON FOR MAKING AN APPLICATION FOR MEMBERSHIP IN THE OCEAN GATE FIRST AID SQUAD: _____

HAVE YOU HAD ANY CRIMINAL ARRESTS, INDICTMENTS, OR CONVICTIONS IN THE PAST 5 YEARS? _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE? _____

PLEASE BE PREPARED TO GIVE AN EXPLANATION AT THE MEMBERSHIP MEETING.

CURRENT EMPLOYER: _____ PHONE# _____

ADDRESS _____

REFERENCES: (MUST NOT BE RELATIVES OR SOMEONE WITH WHOM YOU RESIDE, AND MUST HAVE KNOWN YOU FOR AT LEAST 5 YEARS)

NAME _____ PHONE# _____

ADDRESS: _____

NAME _____ PHONE # _____

ADDRESS: _____

AS A MEMBER OF THE OCEAN GATE FIRST AID SQUAD, I WILL ACTIVELY SUPPORT ALL FUND RAISING ACTIVITIES, OBEY THE CONSTITUTION, BY-LAWS, AND CAPTAIN'S RULES AND REGULATIONS AS WELL AS PROTECT ALL THE PROPERTY OF THE SQUAD. UPON TERMINATION OF MEMBERSHIP IN THE SQUAD, I SHALL DELIVER ALL SQUAD PROPERTY IN MY POSSESSION. IF ACCEPTED INTO THE SQUAD, I SHALL BE AVAILABLE FOR DUTY ON THE FOLLOWING DAYS/NIGHTS: _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF ACCEPTED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN, AND THE REFERENCES LISTED ABOVE TO RELEASE ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SAME TO YOU.

SIGNATURE: _____ DATE: _____

TO BE FILLED OUT BY SQUAD MEMBERSHIP COMMITTEE ONLY:

DATE AND TIME APPLICATION WAS RECEIVED: _____

NAME OF PERSON RECEIVING APPLICATION: _____

SIGNATURE _____

MEMBERS OF MEMBERSHIP COMMITTEE PRESENT AT INTERVIEW:

(Print names)

_____	_____
_____	_____
_____	_____

MEMBERSHIP CHAIRPERSON

ACTION TAKEN:

DATE OF LETTER ACKNOWLEDGING RECEIPT OF APPLICATION

DATE & TIME OF INTERVIEW: _____

APPLICATION APPROVED: _____ **DATE** _____

DATE APPLICANT NOTIFIED OF ACCEPTANCE INTO SQUAD: _____

(COPY OF LETTER TO BE ATTACHED TO APPLICATION WITH COPY OF DUTY ROSTER, BY LAWS, CAPTAINS REGULATIONS, MEMBERSHIP LIST, COMMITTEE LISTS, ETC.)

APPLICATION REJECTED _____ **DATE** _____

DATE LETTER OF REASON FOR REJECTION SENT TO APPLICANT _____

(COPY OF LETTER TO BE ATTACHED TO APPLICATION)

THE OCEAN GATE FIRST AID SQUAD RESERVES THE RIGHT TO REJECT ANY APPLICATION FOR MEMBERSHIP INTO THE SQUAD FOR THE FOLLOWING REASONS:

- (1) SIX (6) OR MORE ACTIVE POINTS ON DRIVER'S LICENSE
- (2) VIOLATION AND/ OR CONVICTION OF N.J.S. 40A 14-9 (CRIME OF MORAL TURPITUDE, PREVIOUS OR CURRENT CRIMINAL RECORD, ETC.)
- (3) KNOWINGLY OMITTING OR FALSIFYING INFORMATION ON APPLICATION.

Ocean Gate First Aid Squad Inc.

VOLUNTEER DISCLOSURE AUTHORIZATION AND RELEASE OF BACKGROUND AND MOTOR VEHICLE INFORMATION

I understand that in connection with my application Volunteer Services, and/or Continuous Volunteer Services the Ocean Gate First Aid Squad , their agents or officers may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History.

I understand that Ocean Gate First Aid Squad may rely on any part of all of this Information in determining whether to extend an offer of Volunteers' duties to me.

I understand that the background check, which may be performed by the Ocean Gate Police Department, Investigators, or squad officers, is being performed as part of the process to evaluate me prior to Volunteer assignments, and is not conducted for any purpose other than in connection with my Application for Volunteer status and/or my eligibility for Continued Volunteer Duties.

I have read this Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I hereby release any and all Investigators, including the Ocean Gate First Aid Squad and Ocean Gate Police Department from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my Application. I further direct and authorize Investigators to conduct the background check and Motor Vehicle check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

I further authorize all findings to be released to the Ocean Gate First Aid Squad.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Date: _____

Applicant Signature: _____

Printed Name: _____

Social Security Number: _____

Drivers License Number: _____ State _____

Date of Birth: _____

Former Last Name(s) if applicable: _____

Current Address: _____

Former Address: _____

Squad Officer _____

Signature _____

Contact Number _____