

Application For Membership**Vernon Township Ambulance Squad, Inc.****General Information**

Name _____ Date _____

Current Address _____ DOB _____

_____ Sex- Male Female

Previous Address _____

Home Phone _____ Work Phone _____ E-Mail _____

Social Security Number _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Occupation _____

Employer's Name _____ Phone _____

Employer's Address _____

Background Information- Please provide details as instructed below.

Have you ever been convicted of a crime?	Yes	No
Have you ever been convicted of a disorderly persons offense?	Yes	No
Have you ever been adjudicated as a juvenile delinquent?	Yes	No
Have you ever been charged with domestic violence?	Yes	No
Are you or have you ever been the subject of a no contact court order?	Yes	No
Are you now or have you ever been dependent on any substance- prescribed or illicit?	Yes	No
Have you ever been treated for any psychological conditions or disorders?	Yes	No
Has your driver's license ever been suspended in this OR any other state?	Yes	No
Have you ever been charged or convicted of driving while intoxicated?	Yes	No

If you have answered "Yes" to any of the above questions, please provide a brief description of the event or offense, including location, dates and disposition of situation:

Do you have any physical limitations or previous injuries which would impede your ability to perform heavy lifting, vehicle operation or use of a respiratory mask?

Background Information, continued:

Please list any medications that have been prescribed to you which may cause drowsiness or otherwise impair your ability to operate a vehicle:

References – Please list two reputable persons (not related) who you are personally acquainted with and have known for at least five years:

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

I, _____, have personally filled the information above for the purpose of joining the Vernon Township Ambulance Squad.

Signature _____ Date _____

Notes/ Comments by membership committee member:

Notes/Comments for member file:

Authorization for the Release of Information

The Vernon Township Ambulance Squad acknowledges the necessity to accept and maintain a high quality of membership in that the Squad acts for the health and well being of all residents of the Township of Vernon. In order to accomplish that desired purpose, the Vernon Township Ambulance Squad reserves the right to ascertain the high character and moral integrity of its members, prior to or during membership. The Squad reserves the right to verify lack of any criminal law violation background on any applicant or existing member during the term of membership.

The applicant, by executing this application, acknowledges the right of the Squad and hereby gives permission to the Squad to verify and undertake a criminal background check, and also obtain a driving record. For that purpose the applicant/ member hereby inserts their social security number and date of birth, and by execution of this application gives the consent to the Vernon Township Ambulance Squad to undertake a criminal background check and to obtain a driving record.

If, during the term of membership, a Squad member is convicted of a violation of the Criminal Code of the State of New Jersey, Title 2c, of a violation of the third degree or higher, said squad member will notify the Board of Trustees of the Squad immediately.

Applicant's Name (print) _____

Applicant's Social Security Number _____

Applicant's Date of Birth _____

I hereby give permission for the Vernon Township Ambulance Squad to undertake a criminal background check of me. Also, I hereby release the Vernon Township Ambulance Squad and any of their agents, or any corporation, company or individual, including its officers or employees, from any and all liability for damages of any kind, which may result to me because of their compliance with this authorization.

Applicant's Signature

Date

Membership Committee Member

Date

Membership Committee Member

Date