

# Summit Volunteer First Aid Squad Application for Membership

Visit us on the web: [www.summitems.org/join](http://www.summitems.org/join)

Thank you for your interest in joining our Squad. Once you complete the application, you may submit it in three ways:

- 1) Scan and Email form to [personnel@summitems.org](mailto:personnel@summitems.org)
- 2) Mail to Attn: Personnel Lieutenant, PO Box 234, NJ 07902-0234
- 3) Hand Deliver to 1000 Summit Ave, Summit

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Personal Information				
First Name	Middle Name	Last Name	Email Address	
Home Address – Street		City	Zip Code	Pronouns
Cell Phone (     )		Cell Phone Carrier		Date of Birth
Employer/School		Contact Number (     )		Contact Email Address
Employer/School Address				
Driver's License Number	Issuing State	Years Driving	Resume Attached (Y/N)	Transcript Attached (Y/N)
Have your driving privileges ever been revoked? Yes/No If yes, please explain:				
Have you ever been convicted of a crime? Yes/No If yes, please explain:				
By signing this application, I certify that all information contained herein is true. I further authorize the Summit Volunteer First Aid Squad to perform a criminal background check and a motor vehicle records check.				
<b>Applicant Signature:</b>				

Indicate Times Available			First Aid Training	
Weekday Shifts (Weekly)	7am-7pm	7pm-7am	Certification(s)	Exp. Date
Sunday				
Monday				
Tuesday			Related Work Experience	Dates
Wednesday				
Thursday				
Friday				
Weekend Shift (Monthly)	7am-7pm	7pm-7am		
Saturday				
Sunday				

Please provide the names of two persons (unrelated to you) for references				
Name		Name		
Email		Email		
City	State	City	State	
Relationship		Relationship		
Number of Years Known		Number of Years Known		
Telephone (     )		Telephone (     )		

Is there any other training or experience which you feel would be applicable to the first aid squad?