



# Bogota (NJ) Volunteer First Aid Squad

## Membership Application

If interested in membership on the Bogota First Aid Squad, please complete the form below, print and sign it and then mail to the Squad at the address below. Membership is open to those age 16 and over, able to perform the duties of a member and whom live or work in Bogota or an adjoining town. No prior experience is needed as the Squad will provide the training you need if your application is accepted.

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### Contact information

Name

Home Address   
 Springfield, New Jersey 07081

Telephone Number  E-mail Address

Employer

Occupation

*If you have lived in your current home for less than three years, please list your previous address.*

Previous Address

*If you prefer to receive mail at a different address, please list that address.*

Mailing Address

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### Identifying information

Date of Birth (mm/dd/yyyy)

Height  feet,  inches      Weight  lbs.

Social Security Number       Gender  Male  Female

Driver's License Number       State of Issue  NJ

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### Background information

Have your driving privileges ever been revoked?  Yes  No

If yes, please explain:



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Have you had any accidents in the past three years?

Yes  No

If yes, please explain:

Have you ever been convicted of a crime?

Yes  No

If yes, please explain:

Do you have any disability which might prevent you from fulfilling the duties of a Squad member?

Yes  No

If yes, please explain:

Do you grant the Squad permission to refer to your doctor with regard to your physical condition?

Yes  No  N/A

If yes, name & address:

If you do not have a personal physician, do you agree to a physical exam by a Bogota First Aid Squad physician at no cost to you?

Yes  No  N/A

Do you grant the Squad physician permission to provide information on your physical condition to the Bogota First Aid Squad?

Yes  No  N/A

Have you ever had any first aid or medical experience?

Yes  No

If yes, please explain:

Have you ever belonged to a first aid or rescue squad before?

Yes  No

If yes, what squad(s), when and why did you leave?

What prompted you to apply for membership on the Squad?

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### Certifications

Do you have a current CPR card?

Yes  No

Do you have a current Standard First Aid or First Responder card?

Yes  No

Do you have a current EMT card?

Yes  No



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*If yes to any of the above, please attach copies. If you are not yet certified, the Squad will help you get certified once your membership application is accepted.*

### References

Please list the name and addresses of three personal references; list local people, if possible.


Do you already know one or more Squad members?

Yes  No

If yes, whom?

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### Agreement

If acceptance is obtained under this application, I agree to comply with all orders, rules and regulations of the Bogota First Aid Squad. The answers to the foregoing are true to the best of my knowledge and belief and that the signature below is my own and in my handwriting. It is understood that any false statement on this application is sufficient cause for rejection or dismissal.

### Consent and authorization

The Bogota First Aid Squad, Inc. ("the Squad") reserves the right to verify, through lawful sources, the information provided by the applicant, including the substantiation of any statements concerning the applicant's previous criminal record or background, if any.

The applicant, in submitting his or her application, is expressly aware of such procedure and hereby consents to and authorizes the Squad, its agents and officers, to verify by the appropriate means any information furnished by the applicant to be a volunteer on the Squad.

*(Privacy Act 1974; Public Law 93-579)*

Signed		Dated	
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### Consent of Parent or Legal Guardian

*To be completed if applicant is under 18 years of age*

I hereby give my consent for the applicant named above to join the Bogota First Aid Squad.

Signed		Dated	
Name		Relationship	

**Please print, sign and return application to:**

Membership Committee  
Bogota First Aid Squad



# Bogota (NJ) Volunteer First Aid Squad

Membership Application

West Main Street  
Bogota, N.J. 07603

**PLEASE DO NOT WRITE IN THIS SPACE**

**Police Department**

By

Approved  Rejected

**Membership Committee**

By

Approved  Rejected

Initial status:  Probationary  Limited  Cadet