

**RUTHERFORD FIRST AID AMBULANCE CORPS, INC.**  
**P.O. BOX 217**  
**RUTHERFORD, NEW JERSEY 07070**

**(RECRUITMENT PHONE NUMBER 201-460-3000 X 4305)**

**APPLICATION FOR MEMBERSHIP**  
**(PLEASE PRINT CLEARLY)**

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PRESENT EMPLOYEER/SCHOOL \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

HAVE YOU BEEN A MEMBER OF A FIRST AID SQUAD? NO \_\_\_ YES \_\_\_

IF SO, WHERE AND HOW LONG? \_\_\_\_\_

ARE YOU INTERESTED IN ACTUAL PERFORMANCE OF EMS SERVICE? YES \_\_\_ NO \_\_\_

INDICATE IF CERTIFIED AS AN EMT AND/OR CPR AND DATE OF EXPIRATION

DO YOU DRIVE? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

HAVE YOU ANY MOVING VIOLATIONS? NO \_\_\_ YES, EXPLAIN \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

HAVE YOUR BEEN CONVICTED OF A CRIME? NO \_\_\_ YES \_\_\_ IF YES, EXPLAIN

HAVE YOU EVER BEEN CHARGED WITH AND/OR CONVICTED OF A DISORDERLY  
PERSONS OFFENSE, MISDEMEANOR, CRIME OR FELONY, INCLUDING THOSE INVOLVING  
THE USE OF A MOTOR VEHICLE ? NO \_\_\_ YES \_\_\_ IF YES, EXPLAIN

ARE YOU A MEMBER OF A LOCAL FIRE DEPARTMENT, CIVIC ORGANIZATION? IF YES,  
THEN LIST NAME(S) OF ORGANIZATION(S) \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A HISTORY OF, OR DO YOU NOW HAVE ANY OF THE FOLLOWING:

FAINTING SPILLS \_\_\_\_\_ SEIZURES \_\_\_\_\_

HEARING PROBLEMS \_\_\_\_\_ VISION PROBLEMS \_\_\_\_\_

HEART PROBLEMS \_\_\_\_\_ BLOOD BORNE DISEASE \_\_\_\_\_

NERVOUS PROBLEMS \_\_\_\_\_ RESPIRATORY PROBLEMS \_\_\_\_\_

BACK PROBLEMS \_\_\_\_\_ HERNIA \_\_\_\_\_

LIST ANY OTHER MEDICAL PROBLEMS YOU MAY HAVE THAT MAY LIMIT YOUR ABILITY  
AS AN EMERGENCY SERVICE VOLUNTEER \_\_\_\_\_

\_\_\_\_\_

PLEASE GIVE AT LEAST THREE REFERENCES, OTHER THAN RELATIVES OVER 18 YEARS  
OF AGE

PRINT NAME                      PRINT ADDRESS                      PRINT PHONE NUMBER

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IF ELECTED TO MEMBERSHIP, I AGREE TO SERVE THE AMBULANCE CORPS TO THE  
BEST OF MY ABILITY IN ACCORDANCE WITH THE BY-LAWS AND TO FULLY  
PERFORM DUTIES AS MAY BE ASSIGNED TO ME. I FURTHER AGREE TO SURENDER  
PROPMTLY ANY AND ALL PROPERTY OF THE AMBULANCE COPRS WHENVER I  
SHALL CEASE TO BE A MEMBER OR UPON WRITTEN REQUEST.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTS SIGNATURE IF A MINOR \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*\* FOR AMBULANCE CORPS USE ONLY \*\*\***

DATE RECEIVED \_\_\_\_\_ DATE OF INTERVIEW \_\_\_\_\_

RECOMMENDATION OF COMMITTEE: \_\_\_\_\_

DATE VOTED UPON \_\_\_\_\_ ACCEPTED \_\_\_\_\_ REJECTED \_\_\_\_\_

COMMITTEE MEMBERS PRESENT AT INTERVIEW \_\_\_\_\_