

**CONFIDENTIAL**

*Plainsboro Rescue Squad, Inc. - Membership Application*

Adult or Cadet?

621 Plainsboro Road, Plainsboro, NJ 08536 - (609) 799-2180  
www.plainsbororescuequad.org

(Please Print)

Full Name: (first, last)	
Date of Birth: (mm/dd/yyyy)	Phone (home):
Home Address:	Phone (mobile):
	Phone (work):
	Employer:
E-mail:	Occupation:

Previous address(es) if residing at above address for less than three years:

Address 1	Address 2
For what period?	For what period?

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is/has your license ever been suspended in NJ or any other state?	(If yes, please explain.)
Have you had an vehicle accident in the past three years?	(If yes, please explain.)
Have you ever been convicted of a crime?	(If yes, please explain.)
Are there any points against your driver's license currently?	(If yes, please explain.)

Any previous volunteer or squad experience? (i.e. first-aid or rescue Squad, fund raising, public relations, bookkeeping, etc.; if other squad experience, please state name of squad, duration of service and reason for leaving.)

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Do you have any EMT/medical training or qualifications? (Please list certifications and expiration dates if applicable.)

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Check any times that you would NOT be available for Squad assignments:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days	not applicable	not applicable	not applicable	not applicable	not applicable		
Evenings							
Nights							

Please explain any regular unavailable times:

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Do you travel for business or work shifts with varying times? Please help us understand your availability:

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General Health: Good

Fair

Poor

Do you have any limitation that would prevent you from performing any of the duties of a riding member?  
(i.e. lifting, driving, night-driving, strenuous activity, pushing, pulling, allergies, phobias, etc.) (If yes, please explain.)

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Do you have any physical or medical conditions we ought to be aware of? Please explain.  
(Please note, this question is being asked in order for the Squad to provide appropriate care if the need arises.)

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Do you have any infectious diseases or contagious medical conditions? Please explain.

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Please indicate which Squad activities you would like to be involved in the most. Check as many as you want. Add any other activities you'd like to help with in the space below the box.

Getting training <input type="checkbox"/>	Training others <input type="checkbox"/>	Fixing the vehicles & equipment <input type="checkbox"/>
Driving an ambulance <input type="checkbox"/>	Saving lives <input type="checkbox"/>	Being part of a group <input type="checkbox"/>
Fund raising <input type="checkbox"/>	Being an EMT <input type="checkbox"/>	Community activities <input type="checkbox"/>
Help the youth/cadets <input type="checkbox"/>	Helping with admin & paperwork jobs <input type="checkbox"/>	Learning more about myself <input type="checkbox"/>
Helping maintain the building <input type="checkbox"/>	Bookkeeping <input type="checkbox"/>	Being better prepared for emergencies <input type="checkbox"/>

Other: \_\_\_\_\_  
\_\_\_\_\_

In your own words ... please write down why you'd like to become a member and what being in the Squad would mean to you.

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Please describe what difference you can make bring to the Squad How will you contribute?  
Mention any other skills or attributes you have that would help the Squad activities or administration.

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List any languages (other than English) you speak well enough to talk to a native speaker:

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How long do you plan to be a member of the Squad? Please explain.

\_\_\_\_\_

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Do you know any existing or past members? Who?

\_\_\_\_\_

\_\_\_\_\_

How did you become aware of the Squad and our Membership application process?

\_\_\_\_\_

\_\_\_\_\_

In the event of an emergency, whom should we contact (day & evening)?

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Alt Phone:	Alt Phone:

References (one business and two personal references from people who have known you for at least one year):

<b>Name:</b>	<b>Phone:</b>
Address:	
<b>Name:</b>	<b>Phone:</b>
Address:	
<b>Name:</b>	<b>Phone:</b>
Address:	

I HEREBY ACKNOWLEDGE BY MY SIGNATURE BELOW THAT I AM CERTIFYING THAT ANY AND ALL INFORMATION PROVIDED BY ME HEREIN, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY RELEASE TO THE PLAINSBORO RESCUE SQUAD MEMBERSHIP COMMITTEE AND/OR ITS ASSIGNS, PERMISSION TO VERIFY THE INFORMATION I HAVE PROVIDED HEREIN. I AGREE TO COMPLY WITH ALL ORDERS, RULES, AND REGULATIONS OF THE PLAINSBORO RESCUE SQUAD.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<b>SQUAD USE ONLY:</b>		
Membership Committee:	Police Check:	Admin Secretary Check:
Signature:	Signature:	Signature:
Date:	Date:	Date: