



# Plainsboro Rescue Squad, Inc.

P.O. Box 76, Plainsboro, NJ 08536 - (609) 799-2180



(Please Print)

Name:	Business Affiliation:
Date of Birth:	Phone (home):
Address:	Phone (work):
	Business Address:
E-mail:	

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

\_\_\_\_\_

How long did you reside at this address? \_\_\_\_\_

Any previous experience? (i.e. Rescue Squad, fund raising, public relations, bookkeeping, etc.; if squad experience, please state name of squad, duration of service, and reason for leaving.)

\_\_\_\_\_  
\_\_\_\_\_

What time(s)/day(s) would you be available?

\_\_\_\_\_

Do you have any EMT/Medical Training? (Please note that previous training is not a requirement for joining; training opportunities are provided for present and prospective members.) (Please list certifications and expiration dates if applicable.)

\_\_\_\_\_  
\_\_\_\_\_

Do you hold any Instructor's Certifications? (If yes, please list along with expiration dates.)

\_\_\_\_\_

NJ Driver's License Number:	Expiration Date:
Vehicle Make / Model / Year:	NJ Registration #:

Is/has your license ever been suspended in this or any other state? (If yes, please explain.)

\_\_\_\_\_

Have you had an 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.) \_\_\_\_\_

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) (If yes, please explain.)

Do you have any physical problem which we ought to be aware of? (If yes, please explain.) (Please note, this question is being asked in order for the squad to provide appropriate care if the need arises.)

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone (Day): \_\_\_\_\_ (Night): \_\_\_\_\_

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

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
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.

Date: \_\_\_\_\_ Application Signature: \_\_\_\_\_

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

**SQUAD USE ONLY:**

Police Check:	
_____ (Signature)	_____ (Date)
Administrative Secretary Check:	
_____ (Signature)	_____ (Date)