



## MEMBERSHIP APPLICATION

After completion of the form, deliver it to the Personnel Vice President, Connie Hartman. You can drop it off at the Squad building at 45 Spring Street, calling ahead to 973-373-1131 to ensure that someone is there.

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Are you at least 18 years of age and completed high school?  Yes  No

E-mail: \_\_\_\_\_  No

Cellular provider (e.g., Verizon) \_\_\_\_\_

Birth date: \_\_\_\_\_ Years of Chatham residency: \_\_\_\_\_

Married?  Yes  No Spouse's name: \_\_\_\_\_

Current employer: \_\_\_\_\_ Years with current employer: \_\_\_\_\_

Position: \_\_\_\_\_

Have you applied for CES membership before?  Yes  No If yes, when? \_\_\_\_\_

If a prior CES member, why did you leave? \_\_\_\_\_

Have you ever belonged to another squad?  Yes  No Squad name: \_\_\_\_\_

Years with former squad: \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Are you a member of any other local emergency service (fire, police, emergency squad, MICU)?  Yes  No

If yes, what organization? \_\_\_\_\_ Yrs of service: \_\_\_\_\_

Do you have any previous first-aid training?  Yes  No

If yes, what type of training? \_\_\_\_\_ Training dates: \_\_\_\_\_

Valid NJ drivers license?  Yes  No License #: \_\_\_\_\_

Expiration: \_\_\_\_\_ Accidents in past 3 years?  Yes  No

Do you have any active points against your license?  Yes  No

Has your license ever been suspended?  Yes  No For what? \_\_\_\_\_

Have you been arrested?  Yes If so, explain: \_\_\_\_\_  
 No \_\_\_\_\_

Past or present medical/physical problems (hearing, vision, back, diabetes, hypertension, seizures): \_\_\_\_\_  
\_\_\_\_\_

Hobbies, special interests, skills: \_\_\_\_\_

Foreign-language fluency: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Please provide us with three references not related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

From whom or where did you learn about the Squad? \_\_\_\_\_

Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S DECLARATION**

If I am accepted for membership, I agree to comply with all bylaws and standing rules of the Chatham Emergency Squad. I am aware that certain physical demands (including but not limited to lifting and carrying) will be made of me, and I attest to my ability to fulfill such demands.

I authorize the Chatham Emergency Squad to conduct driving-record checks and background checks at their discretion, before being accepted to membership and at any time while I am a member.

I certify that all answers provided herein are true to the best of my knowledge. I also understand that any deliberate misstatement on this application is sufficient cause for rejection or dismissal.

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