



MEMBERSHIP APPLICATION

Fill out the form online, print it out, sign it, and provide it to our Membership Vice President. You can drop it off at the Squad building at 31 North Passaic Avenue. Call ahead to 973-377-1131 to ensure that someone is there. Or email to membership@chathamemergencysquad.org. Or mail it to:

Chatham Emergency Squad
Attention: Membership VP
45 Spring Street
Chatham Township, NJ 07928

Name: _____ Nickname: _____

Address: _____

Previous Addresses (last 10 yrs.): _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Cellular provider: _____ Smartphone: ☐ Android ☐ iPhone

Have you completed high school? ☐ Yes ☐ No

Birth date: _____ Years of Chatham residency: _____

Driver's license: _____

Married? ☐ Yes ☐ No Spouse's name: _____

Current employer: _____ Years with 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? _____ Years of service: _____

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

If yes, what type of training? _____

Hobbies, interests, skills: _____
Foreign-language fluency: _____

Please provide us with three references not related to you. Please provide at least one reference from your place of work or former place of work, as appropriate.

Name: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Phone: _____

Relationship: _____ Email: _____

From whom or where did you learn about the Squad? _____

Comments:

Emergency contact: _____ Relationship: _____

Phone: _____ Email: _____

APPLICANT'S DECLARATION

I authorize the Chatham Emergency Squad to conduct driving-record checks and background checks before being accepted to membership and at any time while I am a member. I understand that the findings of those checks will be factors in determining acceptance into and continuance of membership.

I have reviewed the CES Medical Form and attest to all qualifications as stated. I am aware that certain physical and psychological demands will be made of me and I attest to my ability to fulfill such demands. My physician will complete and sign the CES Medical Form confirming my physical and psychological fitness to function as a New Jersey EMT.

In addition to the qualifications listed on the CES Medical Form, I am aware that I must be able to always:

- Use good judgment and remain calm in high-stress situations including illness and injuries that could include heavy bleeding, cardiopulmonary resuscitation (CPR), and other medical emergencies,
- Effectively communicate in the English language with co-workers, patients, police, members of the public, and medical personnel,
- Function well in environmentally extreme conditions including heat, cold, darkness, and confined physical spaces.

I understand that prior to starting my membership, I will have to complete and pass a CES-provided BLS CPR class.

If I am accepted into membership, I agree to comply with all Bylaws and Standing Rules of the Chatham Emergency Squad.

I certify that all answers provided 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: _____

FOR ADMINISTRATIVE USE ONLY
Crew assignment: _____ Start date: _____