

## Midland Park Ambulance Corps Membership Application and Roster Information

Application for position:	<input type="checkbox"/> EMT	<input type="checkbox"/> Driver/Lifter
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**Please fill in all fields and print clearly.**

First Name:	Last Name:	
Address:		Town:
Home Phone:		Work Phone:
Cell Phone:		Date of Birth:
E-Mail Address:		
How long at present street address?		
If less than one year, please provide previous address and length of residency there:		

Occupation:	
Employer:	Employer Phone:
Employer Address:	

NJ Driver's License Number:	Expiration:	
Are your driving privileges currently revoked in any state?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any motor vehicle accidents or summonses within the last four years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list all:		
Do you have access to a motor vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please enter details. <i>(Please attach a separate sheet of paper if additional space is needed.)</i>	

Do you have any medical conditions that might prevent you from fulfilling the duties of an EMT or Driver/Lifter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	

What daytime hours (6AM-6PM) would you be available for duty?
What nighttime hours (6PM-6AM) would you be available for duty?

Have you ever been turned down for membership, suspended, removed or disciplined by any volunteer organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain in detail:	

Please List all First Aid training and experience:	
Do you have a current CPR certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the expiration date?	
Do you have a current NJ EMT-B certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the expiration date?	
If applying for Driver/Lifter status, do you have a current First Responder certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the expiration date?	
If you are currently taking classes for certification in CPR, First Responder or EMT-B, what is your expected graduation date?	

Please provide names and addresses of two character references (unrelated to applicant) who have known you for longer than two years:	
1. Name:	
Address:	
2. Name:	
Address:	

I hereby grant to the Midland Park Ambulance Corps permission to perform a background check of my driving record/ police record and provide this release for the Midland Park Ambulance to contact references and previous volunteer organizations that I have been a member of.

Signature:	Date:
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I certify that all of the information I have provided is true and correct to the best of my knowledge. I agree to abide by the By-laws and Rules of Operation of the Midland Park Ambulance Corps should my application be approved and should I be accepted for membership.

Signature:	Date:
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**Do Not Write Below This Line**

-----**For Midland Park Ambulance Corps Personnel Use Only**-----

Applicant Name:	Date Received:
Interviewed By:	Interview Date:

Approved/Rejected By:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Comments:	