



MEMBERSHIP APPLICATION

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

Name: _____ Preferred nickname: _____

Address: _____

Previous Address (last 10 yrs.): _____

Previous Address (last 10 yrs.): _____

Home phone: _____ Work phone: _____

Cell phone: _____ Are you at least 18 years of age Yes

and completed high school? No

E-mail: _____

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. Please provide at least one reference from your place of work or former place of work, as appropriate.

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 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:** _____