

**MILTON FIRST AID SQUAD, INC.**

**45 MILTON ROAD**

**OAK RIDGE, NJ 07438**

**APPLICATION TO MEMBERSHIP**

PERSONAL DATA (Please Print)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth (Optional) \_\_\_\_\_ Occupation \_\_\_\_\_

Have you any special qualifications or technical training? \_\_\_\_\_

Have you any training in related medical fields? \_\_\_\_\_  
(O2 therapy, physical therapy, lab tech, radiology, etc.)

Please list any hobbies or special interests.

Have you ever held first aid cards? \_\_\_\_\_ What kind? \_\_\_\_\_

Have you ever been a member of a first aid squad? \_\_\_\_\_ Where? \_\_\_\_\_

Please list any other first aid related training.

Driver's License Number \_\_\_\_\_ Do you drive an \_\_\_\_\_ Auto \_\_\_\_\_ Truck

Have you ever been bonded? \_\_\_\_\_ Been refused bond? \_\_\_\_\_

Have you ever been convicted of violations of any law or ordinance?

\_\_\_\_\_ No \_\_\_\_\_ Yes What? \_\_\_\_\_

Have you had an auto accident in the past three years? \_\_\_\_\_

Have you any points against your license? \_\_\_\_\_

When are you available for first aid duty? \_\_\_\_\_

**APPLICANT'S DECLARATION**

If acceptance is obtained under this application, I will agree to comply with the Constitution, By-laws, and Policies of the Squad. I further agree to submit to a physical examination.

The answers to the foregoing are in my own handwriting and are true to the best of my knowledge and belief. It is understood that any false statement on this application is sufficient cause for rejection or dismissal.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY PHYSICIAN

History

Heart \_\_\_\_\_  
TB \_\_\_\_\_  
Kidney \_\_\_\_\_  
Rupture \_\_\_\_\_  
Fainting Spells \_\_\_\_\_  
Rheumatism \_\_\_\_\_  
Other \_\_\_\_\_

Physical Findings

Hernia \_\_\_\_\_  
Hearing \_\_\_\_\_  
Nose \_\_\_\_\_  
Lungs \_\_\_\_\_  
Vision \_\_\_\_\_  
Throat \_\_\_\_\_  
Blood Pressure \_\_\_\_\_

Comments

Recommendation

I hereby certify, as a practicing physician in the State of New Jersey, that the applicant,  
\_\_\_\_\_ is fit \_\_\_\_\_ unfit \_\_\_\_\_ to be a member of this first aid squad.

Date: \_\_\_\_\_ Signature of physician \_\_\_\_\_

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Review by Chief Instructor

Equipment \_\_\_\_\_ Date \_\_\_\_\_

Oxygen Check \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Review by Sergeant

Driving \_\_\_\_\_ Date \_\_\_\_\_

Radio procedures \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Date accepted for probation \_\_\_\_\_

Date accepted for full membership \_\_\_\_\_

Date resigned \_\_\_\_\_