



Morristown Ambulance Squad, Inc.

Volunteers for Community Service since 1961

PO Box 553 • Morristown, NJ 07963-0553

Phone: 973-538-1783 • Fax: 973-267-4799

www.morristownambulance.org

MEMBERSHIP APPLICATION

Regular Member

Full Legal Name: _____ Date: _____

Home Address: _____

City, State & Zip: _____

Phone #1: _____ Phone #2: _____

SS #: _____ DOB: _____ Age: _____

Driver's License #: _____ State: _____

E-Mail Address: _____

How did you hear about MAS? _____

Are you a US citizen? _____ If no, do you possess a valid alien residency card or a valid visa? _____

Have you ever been a member of any squad, fire department or ambulance service - paid or volunteer? _____

Affiliation(s): _____

Are you currently active with the organizations? _____

Why / Why not? _____

Do you have any current or expired certifications or training in the EMS or medical field? _____

Certification: _____ Expires: _____

Certification: _____ Expires: _____

Certification: _____ Expires: H _____

Highest grade completed: _____ Number of years post high school education: _____

If you did not complete high school, do you have a high school equivalency diploma? _____

High School: _____

College 1: _____ Major: _____

College 2: _____ Major: _____

Do you have other technical or specialized training? _____

Please list: _____

Have you served in the military?

Branch:

Rate/Rank:

Discharge Status:

Have you ever been arrested?

Have you ever been convicted of a felony?

If yes, explain:

Has your driver's license ever been revoked or suspended?

If yes, explain:

Please list two (2) references who are neither relatives nor members of MAS. By listing these people, you are granting the Membership Committee permission to contact them.

Name:

Relationship:

Home Address:

Phone:

Years Known:

Name:

Relationship:

Home Address:

Phone:

Years Known:

Please list your last two (2) employers or your last five (5) years of employment history.

Present Employer:

Main Phone:

Address:

Dates Employed:

to

Your Title:

Supervisor's Name:

Title:

Previous Employer:

Main Phone:

Address:

Dates Employed:

to

Your Title:

Supervisor's Name:

Title:

I certify that, to the best of my knowledge, the information contained in this application is true and accurate. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. Furthermore, I understand that I am required to abide by all laws of the State of New Jersey and all rules and regulations of the Morristown Ambulance Squad, Inc. The Membership Committee has my permission to verify the information that I have submitted.

Signature of applicant:

Date:

Parent or guardian (if under 18):

Date:

Morristown Ambulance Squad, Inc. has a written non-discrimination policy that includes (but is not limited to) race, creed, color, national origin, ancestry, age, marital status and sexual orientation.