



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

BACKGROUND CHECK

APPLICANT: Please submit this form to your local police department records division. Upon completion, please return this form and any additional records received from the police department with your completed application to the Membership Committee.

To: _____ Police Department

From: Membership Committee - Morristown Ambulance Squad, Inc.

Date: _____

The person identified below has applied for membership with the Morristown Ambulance Squad, Inc. Please remit for him or her a "background check" or "letter of good conduct." Should you have any questions, please feel free to contact us at the telephone number listed above.

Thank you for your cooperation.

Please print:

Applicant's Full Legal Name: _____

Maiden Name: _____

Date of Birth: _____

Birthplace: _____

Driver's License #: _____

State: _____

SS # (optional): _____

I hereby authorize release of my records:

Signature of applicant

I hereby authorize release of my child's / ward's records:

Signature of parent / guardian

Please print name of parent or guardian

**ACCEPTANCE BY THE MORRISTOWN AMBULANCE SQUAD, INC. MAY BE
INFLUENCED BY THE INFORMATION OBTAINED BY THIS BACKGROUND CHECK.**