



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

WELCOME

Thank you for your interest in the Morristown Ambulance Squad, Inc. Enclosed are several items for you to complete and submit to the Membership Committee.

APPLICATION

Please complete and mail (pre-addressed envelope enclosed) or deliver to Squad Headquarters. We are located at 16 Early Street - in the municipal parking lot. If there is no one at the building, you can leave it in the mailbox at the side door (the door opposite the street entrance).

REFERENCE LETTERS

Please give to two (2) persons other than relatives or members of the Morristown Ambulance Squad, Inc. Please have your references mail the completed document back to us in the self-addressed envelope provided or you can deliver them to us yourself. The document must be in a sealed envelope with the signature of the reference across the flap. The references that complete each letter should be the same as those listed on the application.

BACKGROUND CHECK

Please complete the form and bring it personally to your local police department records division. The staff may be able to complete the request while you wait. You must return the background check prior to your interview.

You will need to meet with the Membership Committee upon completion and submission of all required forms. The Committee will contact you to schedule an interview. During your interview any questions you have will be answered.

It is your responsibility to ensure all documents are received by the Membership Committee in a timely fashion. The Committee will only hold incomplete membership packets for 30 days.

We look forward to meeting with you.

Membership Committee
Morristown Ambulance Squad, Inc.