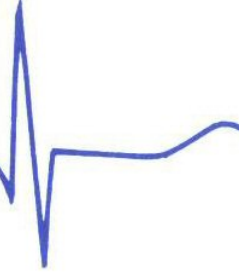




BERKELEY HEIGHTS
VOLUNTEER RESCUE SQUAD



Application for Membership

Return to: Berkeley Heights Volunteer Rescue Squad
 Attn: Membership
 PO Box 117
 Berkeley Heights, NJ 07922

For additional Membership information, call: (908) 464-0013

Personal Information

First Name:	Middle Name:	Last Name:	
Street:	City:	State:	Zip:
Home Telephone:	Cell Phone:	Date of Birth:	
Email Address:			

Work/School Information

Employer/School:		Employer/School Telephone:	
City:	State:	Zip:	
Driver License :	Issuing State:	#Years Driving:	
Social Security Number:			

By signing this application I certify that all information contained herein is true. I further authorize the Berkeley Heights Volunteer Rescue Squad to perform a criminal background check and a motor vehicle records check.

Applicant Signature*: _____ Date: _____

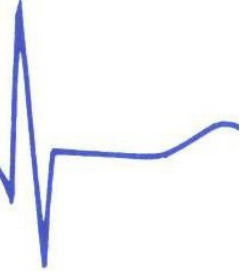
*Applicants under 18 years of age must have a legal guardian signature

Indicate Times Available and First Aid Training

	AM	PM	Card	Expiration Date
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



BERKELEY HEIGHTS
VOLUNTEER RESCUE SQUAD



Application for Membership

Please provide the names of two personal references

Name:			Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Relationship:			Relationship:		
Number of Years Known:			Number of Years Known:		
Telephone:			Telephone:		

Additional Information

Is there any other training or experience which you feel would be applicable to the Berkeley Heights Volunteer Rescue Squad?

For Rescue Squad Use Only;

Interviewed ____ Introduced ____ Proposed ____ Voted In ____ Membership Chair ____