

**LUMBERTON EMERGENCY SQUAD, INC.**

**P.O. Box 339, Lumberton, NJ 08048**

**CONFIDENTIAL**

**APPLICATION FOR MEMBERSHIP**

DATE: \_\_\_\_\_ (Please fill in application in own handwriting)

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

How long at present address? \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you belong to another EMS/Fire organization? ☐ Yes ☐ NO

If yes, name organization(s) \_\_\_\_\_

Recommended to L.E.S. by: \_\_\_\_\_

**TRAINING QUALIFICATIONS**

Please place an "X" in the box for the training you have completed and the date you completed the training.

Emergency Medical Technician ☐ \_\_\_\_\_ C.P.R. ☐ \_\_\_\_\_

First Responder ☐ \_\_\_\_\_ CEVO ☐ \_\_\_\_\_

Extrication ☐ \_\_\_\_\_ Other: ☐ \_\_\_\_\_

Give two references other than relatives:

Name	Address	Occupation	Phone
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Emergency Contact Information:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Home ☐ Cell ☐

**APPLICATION'S DECLARATION**

If acceptance is obtained under this application, I agree to comply with all orders, rules and regulations of the Squad. 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 the application is sufficient cause for rejection or dismissal.

Signature: \_\_\_\_\_

Guardian Name (if minor): \_\_\_\_\_ Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

To be filled in by Squad Secretary:

First received: \_\_\_\_\_ Date acted on: \_\_\_\_\_

Date approved by Investigation Committee: \_\_\_\_\_

Date of Probation: \_\_\_\_\_ Date of Regular Member: \_\_\_\_\_