

Shrewsbury First Aid Squad, Inc.

P.O. Box 262, Shrewsbury, New Jersey 07702

APPLICATION FOR MEMBERSHIP

Instructions:

Thank you for your interest in the Shrewsbury First Aid Squad. We are always looking for new members and we are anxious to meet you and assist you in joining our Squad.

1. Please complete this application in its entirety and return it to the Shrewsbury First Aid Squad at the address listed above. Alternatively, you can place your application in a sealed envelope labeled "Membership Application" and give it to any Squad member.
2. All applicants must agree to a fingerprint check and a background check. An authorization form to perform the background check is attached to this application.

Once the application for membership is received by the Squad, the candidate will be contacted within 30 days by a representative of the Squad's Membership Committee to arrange an interview. You will also be instructed on the fingerprinting process .

Membership requirements:

- Applicants must be at least 16 years old. Those between the ages of 16 and 18 join the Squad as Junior Members.
- Applicants must be residents of the Borough of Shrewsbury, live within a two mile radius of the first aid building, or work within the Borough of Shrewsbury.
- Applicants must pass fingerprint, background and motor vehicle record checks.
- Members must hold a current CPR card for Healthcare Professionals. This can be obtained as part of your first aid training program.
- Members must maintain their status as certified EMTs in the State of New Jersey. The EMT certification can be obtained as part of an applicant's training program.

Upon acceptance into the Shrewsbury First Aid Squad, if you are not CPR and EMT certified, you will join the squad as a "Member-In-Training". You can start responding to emergency calls after you've completed the Patient Assessment portion of the EMT training program. Members are expected to commit to a nighttime "Duty Crew" or to respond to daytime calls as agreed upon with the Squad Captain. Attendance at monthly Squad meetings and Drills and participation in working committees is also expected.

We look forward to meeting you and thank you for your interest in joining our Squad.

Sincerely,
SFAS Membership Committee

CONFIDENTIAL



SHREWSBURY FIRST AID SQUAD - APPLICATION FOR MEMBERSHIP

(Please complete this form clearly. Please PRINT)

FIRST NAME: _____ INITIAL: _____ LAST NAME: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth; _____ Social Security Number; _____

Home phone: _____ Cell Phone: _____

Email Address: _____

Drivers License Number: _____

Employer: _____ Employer Address: _____

Occupation: _____

Have you ever been convicted of a Felony? Y/N: _____

CPR Certification (Y/N): _____ If yes, expiration date: _____

EMT Certification (Y/N): _____ If yes, expiration date: _____

Have you ever been involved in EMS? If yes, explain: _____

Applicant's Signature: _____ Date: _____

SFAS Use Only : SFAS Application #: _____ Interview date: _____ Recommendation: _____

_____ If accepted, acceptance date: _____

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Background Check Authorization

I, _____, agree to undergo a Fingerprint check by the Shrewsbury Police Department and the NJ State Police. I hereby grant permission to the Shrewsbury Police Department and the NJ State Police to do a background check on me, including, but not limited to, a search of criminal and motor vehicle records. This information will be used in consideration of my application for membership with the Shrewsbury First Aid Squad.

Signature: _____

Date of Birth: _____

Social Security Number: _____

Driver's license Number: _____

Date: _____

Background check: Passed/Failed: _____. If failed, explain _____

Shrewsbury PD officer: _____ Date: _____

**BLOODBORNE PATHOGENS STANDARD
EXPOSURE CONTROL PLAN
THE BOROUGH OF SHREWSBURY**

E. HEPATITIS B VACCINATION INFORMATION FORM

Declination Statement:

I, _____ (employee name), understand that due to my occupational exposure to blood or other potentially infectious materials, may be at risk of acquiring **Hepatitis B Virus (HBV) infection**. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ (employee signature)

_____ (witness)

_____ (date)

Declination Statement – previously vaccinated but details not on file :

I, _____ (employee name), understand that due to my occupational exposure to blood or other potentially infectious materials, may be at risk of acquiring **Hepatitis B Virus (HBV) infection**. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccine at this time due to the fact that in my recollection, I have received the Hepatitis B shot series already but I am unable to provide when and where. I do know that in the future I may still ask to receive the vaccination series at no charge to me.

_____ (employee signature)

_____ (witness)

_____ (date)

Hepatitis B Vaccination Request:

I, _____ (employee); am requesting the offered Hepatitis B vaccination program initiated for my protection. I understand the program is a series of three (3) inoculations given over a period of six months, and that a fourth inoculation may be necessary to complete my immunization.

_____ (employee signature)

_____ (witness)

_____ (date)