



APPLICATION FOR MEMBERSHIP

Thank you for your interest in volunteering with the Oceanport Volunteer First Aid Squad.

Please note that all applicants must be a resident of Oceanport or any contiguous town (Little Silver, West Long Branch, Eatontown, Monmouth Beach, or Long Branch) and be of at least 18 years of age. You must also possess a valid CPR card.

The application process is as follows:

Application	Please complete and mail the application (on the second page of this packet) to our building at: 2 Pemberton Avenue Oceanport, NJ 07757. Applications can be dropped off in our mailbox as well. You may also complete the application and scan and email it to oceanportfas@gmail.com .
Interview	Upon receipt of the application, our officers will contact you to schedule an interview with you. This will be to explain what exactly we do and what we can offer you as a volunteer. In addition, we may have some questions that will help their report to the membership at the next meeting.
Presentation to the Membership	During the next monthly meeting, your application will be brought to the floor for consideration. You do not have to be present at the meeting, however you are welcome to. Upon acceptance of your application, you will become a probationary member of the squad.
Background Check	When you become a member of the squad, you will be required to submit for a background check and fingerprinting with the police department. You will receive the appropriate forms to get these done.
Probationary Member Term	During this time, you will be given a pager and will be able to start answering calls. You will observe and help out on calls, while learning the skills of a first responder. The probationary term is one full year and is subject to termination during this time if your actions warrant us to do so. The probationary term lasts until a motion is made and accepted to move you to active member status.

If you have any further questions regarding the application process or membership, feel free to email us at oceanportfas@gmail.com or call us at (732) 544 - 0864.



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Thank you for answering the call to serve and your interest in volunteering with us. Please take a moment to fill out this application for membership. The membership committee will use the information to present to the squad. We are an equal opportunity volunteer service organization. Acceptance of applications is done without regard to: race, creed, color, nationality, sex, orientation, religion, age, or experience.

Applicant Information		
Application for: PROBATIONARY/ACTIVE <input type="checkbox"/> HONORARY <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> Membership		
Name:		SSN:
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Volunteer Experience (If applicable, not required)		
Organization:	Position/Role:	Certifications:
Membership Status:	Still Active: YES <input type="checkbox"/> NO <input type="checkbox"/>	Time Period:
Organization:	Position/Role:	Certifications:
Membership Status:	Still Active: YES <input type="checkbox"/> NO <input type="checkbox"/>	Time Period:
Miscellaneous Information		
Current health/ems certifications:		
How did you hear about volunteering with OPFAS?		
When is the best time to contact you?		How: Phone Email Mail
Do you know any current members? YES <input type="checkbox"/> NO <input type="checkbox"/>	Name:	Relationship:
Do you possess a valid NJ Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>	DL #:	Expires:
Emergency Contact		
Name:		Relationship:
Address:		Phone:
City:	State:	ZIP Code:
References		
Name	Address	Phone
Signature		
I authorize the Oceanport Volunteer First Aid and Rescue Squad membership committee to conduct a background check as required by squad by-laws and to contact the listed references and volunteer organizations to verify I am of moral character. I am aware that all provided information will be kept confidential and not released to third parties unless required by law.		
Signature of applicant:		Date:
Squad Approval (To be completed by squad members)		
We hereby certify that this applicant was admitted as a(n) _____ member in the squad and has been approved by the governing body of the Oceanport Volunteer First Aid and Rescue Squad on the _____ day of _____ 20_____.		
Signature of Captain	Signature of President	Signature of Secretary