



River Road Rescue Squad, Inc.

District 2, Piscataway

Full Name (Last, First)		Age	Date of Birth
Street Address		City, State, Zip	
Home Phone #	Cell Phone #	Email Address	Social Security Number
Shift Preference - List Day(s) of Week	If enrolled, indicate name of educational institution HS/COL/UNIV		Availability during school recess?
Religious Obligations: Do you have any religious obligations that would preclude you days, nights, or holidays?			
Emergency Services Organizations: Please indicate current and previous affiliations			
Auto Driver License #	State	Indicate current or previous suspension of license (state & dates of suspension/reinstatement)	
# of Moving Violations (last 3yrs)	Have you ever been convicted of a felony?	Have you ever been convicted of a misdemeanor?	
List Current Certifications, Cert/License#, and Expiration Date			
CPR: _____ Exp.: _____		_____	
EMT: State/#: _____ Exp.: _____		_____	
Character References	Name	Relationship	Contact telephone #
	Name	Relationship	Contact telephone #
Legal	I authorize the River Road Rescue Squad, Inc. to conduct a full motor vehicle and criminal investigation into my background. Signature: _____ Date: _____		
	I understand that if I knowingly falsify the aforementioned information, it will be considered grounds for immediate denial of membership on, or dismissal from, the River Road Rescue Squad, Inc. I further understand that if I purposely cause malicious damage to person or property of the River Road Rescue Squad, Inc., I may be held responsible for said damages. Finally, I understand my actions in this organization shall be governed by its constitution, bylaws, and Standard Operating Guidelines. Signature: _____ Date: _____		
SQUAD USE ONLY	Administrative:	Interview Checklist:	
	Application received on: Applicant contacted on: Interview scheduled for: Captain informed: Applicant accepted (Date of meeting):	Applicant has read, understands, and has signed "Expectations of a Squad Member" Applicant has provided character references and has signed above authorizations Comments:	

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