



## Boonton Kiwanis First Aid Squad Application for Membership

Membership is open to those aged 16 and over, able to perform the duties of a member and who live in Boonton, Boonton Township, or Mountain Lakes. No prior experience is needed. The Squad will provide the training you need if your application is accepted. Please complete this form, sign it, and then mail it to the Boonton Kiwanis First Aid Squad at the address below or bring it to the squad building.

Date	
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**Contact Information:**

First		Middle		Last	
Address				Town	
	NJ	Zip			
Phone	Day	Evening		Cell	
E-Mail Address					

**Identifying Information:**

Date of Birth		Marital Status	
Social Security Number			Female <input type="checkbox"/> Male <input type="checkbox"/>
Are you a licensed driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes in what state?	
Drivers License Number:			

**Background Information:**

- Have your driving privileges ever been revoked?  Yes  No
- Have you had any accident in the past three years?  Yes  No
- Have you ever been convicted of a crime?  Yes  No
- Do you suffer from any heart ailment, hypertension, back problems?  
or any other existing condition that might affect your ability to  
perform your duties?  Yes  No

If you answered yes to any of the above, please explain.

What prompted you to apply for membership on the Squad?



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**Certifications:**

(Please attach copies)

Do you have a current Healthcare Professional CPR Card?       Yes    No

Do you have a current First Responder card?                       Yes    No

Do you have a current EMT card?                                       Yes    No

Do you have any special training or experience that might benefit the Squad?

**References:**

Please list 2 character references other than relatives:

Name	Address	Phone

Do you already know any squad members?                       Yes    No

If yes, please write their names.

**Availability:**

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Days (6am-6pm)	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>
Evenings (6pm-6am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

All members are assigned to a 12 hour duty shift (one of the above) that requires a weekly commitment. In addition to this shift, each crew has a 24 hour weekend shift (Sat 6pm-Sun 6pm) that currently occurs once every 8 weeks.

If approved, what date are you available to start riding?

By your signature, you are stating that all the information stated herein is accurate to the best of your knowledge. You also give the Boonton Kiwanis First Aid Squad permission to contact any references and do a background check with the local authorities which includes but is not limited to an abstract of your driver's license.

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



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If applicant is under the age of 18, a parent or guardian's signature is required below:

I hereby give my consent for the application named above to join the Boonton Kiwanis First Aid Squad.

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

Name Printed: \_\_\_\_\_ Relationship: \_\_\_\_\_

After completing and signing this application please either mail it to the address below or bring it to the Squad Building.

**Mailing Address:**

Boonton Kiwanis First Aid Squad  
Attn: membership Committee  
PO Box 16  
Boonton, NJ 07005

**Physical Address**

150 Lathrop Avenue  
Boonton, NJ 07005  
(across from Police Headquarters)

*Thank you for your interest!!*