



Belvidere Ambulance Corps.
234 Paul St.
Belvidere, NJ 07823
Phone: 908-475-4545
Email: info@21rescue.org
www.21rescue.org

Membership Application

Membership Category:

- Cadet (ages 16-17); Active (Probationary) (age 18 and older);
 Driver Only (ages 21 and older); Auxiliary (non-riding member).

Personal Information:

Name:

Last: _____; First: _____; Middle: _____

SS# _____ Date of Birth: _____ Sex: Male or Female

E-mail Address: _____

Phone # _____ Alternate phone # _____

Present Address:

Street; _____ City; _____ State; _____ Zip; _____

How long have you lived at this address? _____

Previous Address: _____

How long did you live there? _____

Work History:

Employer; _____ Phone #; _____

Occupation; _____

Immediate Supervisor; _____

How long have you been there? _____ What shift do you work? _____

Previous Employer; _____; Phone # ; _____

How long were you there? _____

Reason for leaving? _____

Criminal / Motor Vehicle Background Check:

Do you have a valid driver's license? Yes No,

State _____ Lic. # _____ Exp Date: _____

Has your license ever been suspended? No Yes,



Belvidere Ambulance Corps.
234 Paul St.
Belvidere, NJ 07823
Phone: 908-475-4545
Email: info@21rescue.org
www.21rescue.org

If Yes please explain _____

Additional classifications? CDL, how long? _____ Boat, how long? _____

Other: _____

Have you any accidents in the last five (5) years? no, yes, explain _____

Total points currently against your license. ____; explain;

Have you ever been complained of, indicted, or convicted of any criminal offense?

no yes, explain

Medical History:

Do you have any medical conditions that might hinder your performance of normal squad activities? (Ex. Lifting, carrying, climbing stairs etc.) no, yes, explain

**Please have the Physical Release form filled out and returned within 30 days
of the date of acceptance.**

Education Background:

Highest Level of Education:

High School, Some College College

Did you graduate: Yes, No

Name of School _____

Highest grade level, if you did not graduate. _____

Can you read and write English? Yes, No, partially.

Do you speak any other languages? Yes, No,

If Yes, please specify _____



Belvidere Ambulance Corps.
234 Paul St.
Belvidere, NJ 07823
Phone: 908-475-4545
Email: info@21rescue.org
www.21rescue.org

Emergency Services Experience:

Do you have previous Emergency Services experience? no, yes,

If yes, name of organization? _____

Address _____

Phone # of squad? _____

What was your reason for leaving?

List all cards and certifications currently held and their expiration dates:

Do you have and Instructor Cards? no, yes, please list courses and expiration dates: _____

References:

Give two (2) references other than relatives or squad members:

Name: _____; Phone # _____

Name: _____; Phone # _____

If acceptance is obtained under this application, I agree to comply with all orders, rules, and regulations of the Belvidere Ambulance Corps. All the information given on this application is accurate to the best of my knowledge. However, I give the Belvidere Ambulance Corps permission to research the information contained in this application as they deem necessary. It is understood that any false statements on this application are sufficient cause for rejection or dismissal.

By signing this application, I understand that my acceptance into the Belvidere Ambulance Corps is on a probationary basis; I further acknowledge that I

