





# North Haledon Volunteer Ambulance, Inc.

792 Belmont Avenue, North Haledon, New Jersey 07508

(973) 423-0141 <http://nhems.org>

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## APPLICATION FOR MEMBERSHIP

List Names of Organizations that you may belong to: \_\_\_\_\_

\_\_\_\_\_

Do you currently, or have you held offices in any of the above organizations? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, what offices \_\_\_\_\_

Why do you wish to join NHVA? \_\_\_\_\_

\_\_\_\_\_

Would you be willing to hold office in NHVA? \_\_\_\_\_ YES \_\_\_\_\_ NO

Hours Available to be "ON CALL" \_\_\_\_\_

\_\_\_\_\_

Will you be able to attend the necessary meetings \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever had an alcohol problem? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever had a drug problem? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you take any medications regularly? \_\_\_\_\_ YES \_\_\_\_\_ NO

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## APPLICATION FOR MEMBERSHIP

Names of THREE (3) Individuals, NOT relatives, to be used for references

1.  
Name: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of years you have known this person: \_\_\_\_\_

2.  
Name: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of years you have known this person: \_\_\_\_\_

3.  
Name: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of years you have known this person: \_\_\_\_\_



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## APPLICATION FOR MEMBERSHIP

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

Print Name: \_\_\_\_\_

I the undersigned do swear that all the answers given on the application and said at the investigation are true to the best of my knowledge and belief.

It is understood that any false statement on this application or to the investigation committee is sufficient cause for rejection or dismissal of said application.

All questions that I have asked have been answered in full, as well, I have answered in full all the questions asked of me. I understand what will be required of me as well as what the Association will provide me with.

I understand that if I am accepted that I may be in a probationary period, not to exceed 6 months.

I agree to comply with all rules and regulations of North Haledon Volunteer Ambulance.

If for any reason, I resign, am expelled, dismissed or dripped from the rolls of this organization, I agree to return all property issued to me by North Haledon Volunteer Ambulance within thirty (30) days.

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

Investigation Committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parental Permission (if applicant is a minor): \_\_\_\_\_

