Metuchen Safety Council, Inc.
Emergency Medical Services

503 Middlesex Avenue, PO Box 8, Metuchen, NJ 08840
SEND COMPLETED APPLICATION TO: memsmembership@gmail.com

Tel: (732) 906-9549 www.metuchenems.org

Date of Application: _____ Revised June 25, 2026

Application Category:
(choose one) ☐ Cadet (16-18 years old) ☐ Adult (18+) ☐ Auxiliary (need to be 18+)

APPLICATION FOR MEMBERSHIP

Personal Information:

Last Name: _____ First Name: _____ Middle Initial: ___

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

Volunteer History/Certifications:

Current or past certification(s) Expiration Date (if current)

CPR: ☐ Current ☐ Expired ☐ N/A _____ / _____ / _____ Type: ☐ AHA ☐ Other

EMT: ☐ Current ☐ Expired ☐ N/A _____ / _____ / _____ ID: _____ State: ____

CPR certification needs to match one of the approved NJ EMS CPR certifications (can also be found online)

Please list any other first aid, firefighting, or Emergency Medical certifications and expiration dates:

_____

Please list any additional Emergency Services training: _____

_____

Have you ever applied for or been a member of Metuchen EMS before? ☐ Yes ☐ No

If yes, please state when: _____

Have you ever been a member of any other EMS agency or Fire Department before? ☐Yes ☐No

_____

If yes, list agency(s): _____

Years of Service: _____

Are you still active? ☐ Yes ☐No

If no, explain reason for leaving: _____

_____

_____

Have you ever been denied membership from any EMS organization? ☐ Yes ☐No

If yes, please list agency and explain reason below:

_____

_____

Education:

Grade Level (Freshman, Sophomore, Junior, Senior, other): _____

High School: _____ Graduation Date: _____

College: _____ Graduation Date: _____

Other education: _____ Graduation Date: _____

List occupation if you are a full-time working adult: _____

Volunteer Availability:

List days of the week you are available:

Days: _____

Nights: _____

Driver's License Information:

Driver's License #: _____ State: _____ Exp: _____/_____/_____

Has your driver's license ever been suspended or revoked in this state or any other state? ☐ Yes ☐ No

If yes, please explain: _____

Do you currently have any points on your license? ☐ Yes ☐ No If yes, # of points: _____

Have you ever been issued a summons for any of the following (check all that apply):

☐ Speeding ☐ Reckless Driving ☐ DWI/DUI Other: _____

Emergency Vehicle(s) Driving Experience: ☐ Yes ☐ No

If yes, did you do CEVO or other driving training/certification? ☐ Yes ☐ No

If yes, list certification and expiration date: _____

Criminal History/Background Investigation

Have you ever been arrested? ☐ Yes ☐ No

Have you ever been convicted of an offense, excluding minor traffic or parking violations? ☐ Yes ☐ No

If you answered yes to any of these questions, please explain: _____

_____

_____

_____

Medical Information:

Do you have any medical problems that preclude you from performing the duties of an EMT? ☐ Yes ☐ No

If yes, please state condition(s) and explain: _____

_____

_____

References (Professional, other than family members/friends/neighbors)

High school students may include teachers or guidance counselor with said individual's permission.

1. Name: _____ Relationship: _____

   Address: _____ Town: _____ State: _____

   Phone #: (_____) _____ - _____ Email: _____

2. Name: _____ Relationship: _____

   Address: _____ Town: _____ State: _____

   Phone #: (_____) _____ - _____ Email: _____

Reason for applying to Metuchen Emergency Medical Services: _____

_____

_____

_____

Signature

I, the undersigned, certify under penalty of perjury that the information contained in this application is correct. I grant The Metuchen Safety Council Inc. dba Metuchen First Aid Squad hereinto referred to as Metuchen EMS, and its assignees, permission to use any and all means to verify the information contained in this application and conduct a criminal background check. Accordingly, I understand that any misrepresentation or omission of fact will be grounds for denial of this application and/or future discharge from Metuchen EMS.

Print Name: _____

Signature: _____

Date: _____/_____/_____

**Please attach a copy of your driver's license (if applicable), CPR and NREMT/NJEMS certifications, and any other relevant certifications you hold.

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Parental Consent Form for Minor Applicants

To be completed by the parents or guardians of all applicants who are under 18 years of age

I/We hereby grant permission for our son/daughter to participate in the Metuchen Emergency Medical Services. Permission includes but is not limited to participation in all duties, meetings, trainings, and activities required by their membership classification.

Name of Applicant: _____

Print name of Parent or Guardian (signing below): _____

Signature of Parent or Guardian: _____ Date: _____

Phone: (____) ____ - _____ Email: _____

Print name of 2nd Parent or Guardian (signing below): _____

Signature of 2nd Parent or Guardian: _____ Date: _____

Phone: (____) ____ - _____ Email: _____