

Hatzalah of Union County
32 Summit Rd
Elizabeth, NJ 07208

Membership Application

Name: Last: _____ First: _____

Date of Birth:

M	D	Y

Marital Status:

Married	Divorced	Widowed

If married, how long? _____ Months
_____ Years

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile: _____ Pager: _____

Live in: Elmora Section: North Avenue Section:

E-mail Address at Home: _____
E-mail Address at Work: _____

Which Shul do you regularly attend on Shabbos? _____

Name of Employer: _____ Work Phone: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Emergency Contact Information:

Last Name: _____ Emergency Phone Number: _____
First Name: _____
Relationship: _____

When are you available to respond to emergency calls? (Use all relevant fields)

Mornings	Between the hours of	_____	and	_____	On (insert day(s))	_____
Afternoons	Between the hours of	_____	and	_____	On (insert day(s))	_____
Evenings	Between the hours of	_____	and	_____	On (insert day(s))	_____
Nights	Between the hours of	_____	and	_____	On (insert day(s))	_____

Have you ever been certified as an EMT in New Jersey? Yes: No:
Have you ever been certified as an EMT in another State? Yes: No:

If yes, in which state? _____ EMT number: _____

Have you ever been a member of Hatzalah in the past?
NO: YES: If Yes, what was your ID Number? _____

Have you ever been a volunteer for or been a paid employee of any EMS or Fire Dept?

NO: YES:

If yes, with which organization:

Are you still a member?

NO: YES:

If not, did you leave in good standing?

NO: YES:

Please list the person to whom you reported:

Name: _____

Phone Number: _____

Drivers License Number: _____ State: _____ Expires:

Month	Year
<input type="text"/>	<input type="text"/>

Has your license ever been suspended or revoked?

NO: YES:

If yes, explain:

Auto Insurance Company Name: _____ Policy Number: _____

Month Year

Expires:

<input type="text"/>	<input type="text"/>
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Have you ever been convicted of a felony crime?

NO: YES:

If yes, explain:

Are you a US Citizen?

NO: YES:

If yes, what is your Social Security Number?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you are a resident, please provide your ID number? _____

By signing below, the applicant agrees that all the information listed is true and complete. While the information provided by applicant is subject to verification, no information contained on this document will be shared with any person outside Hatzalah of Union County or with any other organization without the express written consent of the applicant. Signing this application does not guarantee that the applicant will be accepted into the organization. It is understood that there is no obligation on any party and that applicant may withdraw this application and/or Hatzalah of Union County may elect not to accept this application without any obligation or explanation. This application is for review purposes only.

Sign Name: _____ Date: _____

Print Name: _____