Application for Membership

Last Name:_____ First Name:_____ MI:____

Home Address:_____

City: _____ ZIP: _____

Emergency Service Affiliation: _____

Cell Phone #: _____ Cell Phone Provider:_____

Date of Birth: _____ DL #: _____

Social Security Number: _____ Email Address:_____

CPR Certified - ☐ Yes ☐ No CPR Expiration Date:_____

Formal Education Level (Grade or Degree):

Recommendation of Superior Officer:

I hereby certify that the above named individual is a member of the Emergency Service listed hereon of which I am a superior officer and that a copy of his medical release to perform as a member thereof is on file. I further state that this individual has demonstrated abilities which would benefit the ANSWER Search and Recovery Team and that I hereby endorse this application for membership.

_____ _____

Name and Title Date

PLEASE BE SURE TO ATTACH COPIES OF ALL CERTIFICATIONS

Position Applying For:

- ☐ Diver
- ☐ Rescue Swimmer
- ☐ Scene Security/Traffic Control
- ☐ Personal Watercraft Operator/Swimmer
- ☐ Boat Crew
- ☐ Incident Command Staff
- ☐ CISM
- ☐ Other:

Certifications Relative to Position (also must be attached to application):

Additional Qualifications or Information That Would Make Me An Asset to ANSWER:

REFERENCES: Name, Address, Telephone Number

Emergency Services Representative;

_____

Other (not related);

_____

Other (not related);

_____

_____ _____

Signature of Applicant Date

Please complete and return to:

Courtney Langer, Secretary
ANSWER
C/O Neptune OEM
25 Neptune Boulevard
Neptune, NJ 07753
(732)988-5200 ext 242

STATEMENT AND AUTHORITY TO RELEASE INFORMATION

In the application process, the Area Network of Shore Water Emergency Responders may verify the information on this application and/or obtain additional information relating to my background. I authorize all persons, schools, companies, businesses, credit bureaus, and law enforcement agencies to supply any information regarding my background. I also agree to submit to a physical examination by a licensed physician and agree to be fingerprinted by a representative of the appropriate local law enforcement agency.

Signature:_____

APPLICANT'S DECLARATION

If acceptance is obtained under this application, I agree to comply with all orders, rules and regulations of the Area Network of Shore Water Emergency Response.

The answers to the foregoing are in my own handwriting and are true to the best of my knowledge and belief. It is understood that discovery of misrepresentation or omission of facts on this application is sufficient cause for rejection or dismissal at any time.

Signature:_____

DO NOT WRITE BELOW THIS LINE -- ADMINISTRATIVE PURPOSES ONLY

Applicant's Name: _____

First Received: _____

Date Acted On: _____

Date Approved : _____

Date Retired: _____

Comments: _____

_____

TO BE COMPLETED ONLY FOR APPLICANTS WHO ARE NOT AFFILIATED WITH AN ANSWER TEAM SUPPORTING AGENCY

MEDICAL HISTORY

Heart: _____ Rupture: _____

Tuberculosis: _____ Fainting Spells: _____

Kidney: _____ Rheumatism: _____

Others: _____ Prior Injuries: _____

Habits: Orthopedic Problems: _____

Alcohol: _____

Drugs: _____

PHYSICAL FINDINGS

Hernia: _____

Vision: _____ Hearing: _____

Throat: _____ Nose: _____

Neck: _____ Lungs: _____

Heart: _____ Blood Pressure: _____

Abdomen: _____ Venereal: _____

Recommendations: _____

_____

Signed: _____ (Physician)

Address: _____

_____

Is this individual currently physically capable of performing emergency response activities as described in the attached application? Yes_☐__ No_☐__