



**SCOTCH PLAINS RESCUE SQUAD, INC.**  
**A 100% Volunteer Emergency Medical Service**  
1916 Bartle Ave - P.O. BOX 325  
Scotch Plains, NJ 07076  
(908) 322-2103



## The Auxiliary of the Scotch Plains Rescue Squad Membership Application

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

RESIDENCE \_\_\_\_\_  
STREET ADDRESS TOWN STATE ZIP

PHONE (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_ (WORK): \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SIGNATURE (IF UNDER 18 PARENT SIGNATURE) \_\_\_\_\_

PARENT'S NAME PRINTED \_\_\_\_\_

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Availability (please include specific hours available, including week days, nights, and weekends) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a part of the Auxiliary our biggest goal is to provide for the members of the rescue squad. If there is an emergency in our town, would you be willing to be a part of hospitality, making sure all the men and women providing care to those in need are taken care of as well? YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE \_\_\_\_\_

Would you be willing to help promote The Scotch Plains Rescue Squad and Auxiliary at fundraising events, during town fairs, and other events?  
YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE \_\_\_\_\_