



HATZALAH STATEWIDE

MEMBERSHIP APPLICATION

Last Name: _____ First Name _____

Address: _____

Phone #: _____ Cell phone #: _____ Email: _____

Employer: _____ Nature of employment: _____

Work address: _____ Work phone #: _____

Marital status: Single Married Widowed Divorced If married, how long? _____

Places you daven 1. _____ 2. _____

Please list two personal references and phone number 1. _____

2. _____

Which of the following do you carry? [please circle] Trauma bag, Oxygen, AED, Narcan, EpiPen, Reflective Vest

How many hours a day are you present in New Jersey? _____

Do you anticipate any major changes in your availability or location in the next 18 months? _____ If yes, what changes _____

What is your highest level of medical training: EMT-B EMT-P PA MD

State of certification: NY NJ

Any specialized training? _____

Which Hatzalah squad are you currently a member of? _____ # _____ Duration of affiliation? _____

Reference from that organization _____

Is your driver's license valid in the State of NJ? _____ Lic # _____

I authorize Hatzalah to obtain my driving record history from the Motor Vehicle Agency. Initial _____

Has your license ever been suspended in any state? _____

Social Security# _____

Please email or return application to the address below. You will be contacted as soon as we are able to.

Please be advised that Hatzalah's acceptance of an application does not imply acceptance into the organization. All applications will be reviewed and evaluated. Acceptance to Hatzalah is based on qualifications, availability and if the applicant fulfills the needs of Hatzalah at the time of application.

Print name

Signature

Date