



Morris Minute Men Application for Membership Letter of Recommendation

To the Applicant:

Please complete the top of this form and give it to the person providing your recommendation. Two recommendations are required. Recommendations from family members and present squad members are not acceptable.

Right to Access:

Please check one: I do I do not waive my right to view this recommendation.

Print Applicant Name	Applicant Signature	Date
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To the Person Providing this Recommendation:

The above-named applicant has applied to join the Morris Minute Men. We are a volunteer non-profit organization providing emergency medical services to our community. Our organization operates in a highly stressful environment, and our access to the homes and private medical information of our patients requires great personal integrity and the ability to cope with physical and mental demands.

You have been asked to provide a letter of reference for this applicant. Your honest, open evaluation is essential to helping us provide competent care for our community. If you should wish to provide additional information, please contact our Assistant Captain at 973-539-1776 or at join@morrisminutemen.org.

Many thanks for your assistance.

1. For how long have you known this applicant? _____

2. In what capacity have you known the applicant? _____

If you answer "yes" to any of the following questions, please provide a brief explanation on the reverse side of this form. Answering yes to one of these questions will not necessarily disqualify an applicant for membership

3. To your knowledge, has the applicant ever been arrested and/or convicted of a crime, other than a minor traffic violation? Yes No

4. Does the applicant have any physical disability which might cause difficulty working on an ambulance? Yes No

5. Does the applicant have any mental disability which might cause difficulty working on an ambulance? Yes No

6. To your knowledge, does the applicant have a past or present history of alcohol or drug abuse? Yes No

