



Edison Township Volunteer EMS-Rescue Squads

Edison FA & RS #1 • Edison FAS #2 • Clara Barton FAS



Volunteer Membership Application

Personal Information

| | | | | | | | |
|--------------------------|--|---|------------|---|--|-------------------|----------|
| Last Name | | First Name | | Middle Name/Initial | | Suffix (Sr., Jr.) | |
| Street | | | Bldg./Apt. | City/Town | | State | Zip Code |
| Daytime Telephone Number | | Evening Telephone Number | | Fax | | e-mail | |
| Social Security Number | | Classification <i>Indicate what position you are applying for</i> | | | | | |
| | | <input type="checkbox"/> Senior (18 years or older) | | <input type="checkbox"/> Cadet (Ages 16 & 17) | | | |
| | | <input type="checkbox"/> Special BLS (Current EMT, 18 or older) | | <input type="checkbox"/> Special Rescue (18 or older) | | | |

Certifications & Training

| Certifications | Expiration Dates |
|---|------------------|
| <input type="checkbox"/> ARC Standard First Aid | |
| <input type="checkbox"/> ARC Emergency Response | |
| <input type="checkbox"/> AHA CPR-C Helathcare Provider | |
| <input type="checkbox"/> ARC CPR-BLS Professional Rescuer | |
| <input type="checkbox"/> Certified First Responder | |
| <input type="checkbox"/> NJ-EMT-B | |
| <input type="checkbox"/> NJ-EMT-P | |
| <input type="checkbox"/> NREMT-B | |
| <input type="checkbox"/> PA-EMT-B | |
| <input type="checkbox"/> NY-EMT-B | |

Additional Certifications/Licensures (includes RN, Instructor, PHTLS, HazMat, etc.)

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Education

| | Institution Name | Location | Dates of Attendance | Course of Study | Degree |
|---|------------------|----------|---------------------|-----------------|--------|
| High School or Equivalent (GED) | | | | | |
| Technical/Business | | | | | |
| College/University | | | | | |
| Graduate School | | | | | |
| Specialized Medical or EMS-related (other than CEU's) | | | | | |

Please take time to read each item carefully and complete in section completely. Missing information may result in a delay processing your application. All questions should be directed to the Recruitment Officer or his/her delegate.

The Edison Twp. EMS-Rescue Squads are equal opportunity organizations and are committed to the recruitment and membership of all individuals without regard to age, race, color, gender, religion, marital status, national origin, handicap or disability, sexual orientation, atypical cellular blood trait, liability for service in the armed forces and status as a disabled or Vietnam or Gulf War Era veteran.

Military Service

| | | | |
|--------------------------------|--------------|-----------------|----------------------|
| Branch of Military | Date Entered | Date Discharged | Current or Last Rank |
| Specialization/Duties/Training | | | |

Work Experience

List you last three employers, beginning with the current or most recent one

| | | |
|------------------------------|-----------------------------|----------------|
| Current/Most Recent Employer | Date(s) of Employment to | Position/Title |
| Address of Employer | | Supervisor |
| Brief description of duties | | |
| | | |
| Previous Employer | Date(s) of Employment to | Position/Title |
| Address of Employer | | Supervisor |
| Brief description of duties | | |
| | | |
| Previous Employer | Date(s) of Employment to | Position/Title |
| Address of Employer | | Supervisor |
| Brief description of duties | | |
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Volunteer Squad Memberships

List all current and past volunteer First Aid/Rescue/EMS Squad Memberships and reasons for leaving

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Driving Record

| | | |
|------------------------------|--------------------|--------------------------|
| N.J. Driver's License Number | Date of Expiration | Number of License Points |
|------------------------------|--------------------|--------------------------|

Has Your License Ever Been Suspended or Revoked? Yes No
 If "Yes", please explain

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Criminal Record

Have you ever been of a crime(s) or are currently under indictment? Yes No
 If "Yes", list the crime(s) plus indictment for which you were convicted

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Dates whereupon said conviction(s) occurred

NOTE: Conviction of a crime is not an automatic bar to membership and all circumstances will be considered. All applicants are subject to criminal record background check under N.J. State Law.

References

Please list three (3) references who are over eighteen (18) years of age, have known you for more than two (2) years and can objectively comment on your abilities and/or interests in emergency medicine. These may include supervisors, teachers, friends, co-workers, etc., but not relatives

| | | | | |
|----------------|--------------|------------|-----------|---------------|
| Reference Name | Relationship | Occupation | Day Phone | Evening Phone |
| Reference Name | Relationship | Occupation | Day Phone | Evening Phone |
| Reference Name | Relationship | Occupation | Day Phone | Evening Phone |

I certify that the information contained in this application is accurate to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Edison EMS-Rescue Squad policy and NJ State Law. I authorize the references listed and other persons and organizations so named to give you any and all information concerning my previous employment and/or membership they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. In consideration of my membership, I agree to conform to the Constitution and By-Laws, rules and regulations, Standard Operating Procedures, and written directives of the Edison EMS-Rescue Squads. I understand that my membership can be terminated in accordance with these policies.

I understand that membership is contingent on successful completion of a medical evaluation. Edison Twp. EMS-Rescue Squads reserve the right to include testing for alcohol and/or illegal drug use.

I further understand that membership is contingent on successful completion of a criminal background check performed at the request of Edison EMS-Rescue Squads, in accordance with N.J. State Law.

In accordance with the requirement of the Federal Hazard Communication Standard 29CFR 1910.120, and the New Jersey Worker and Community Right to Know Act N.J.A.C. 8:59-6, you are hereby notified that workplace surveys and appropriate hazardous substance fact sheets are available at the squad for inspection.

I authorize investigation of all statements in this application. I understand that misrepresenting or omitting information is cause for rejection of this application or dismissal from squad membership.

Applicant Signature

Date

PLEASE CHECK THE APPLICATION. IF YOU HAVE LEFT ANYTHING BLANK, FILL IT IN BEFORE SUBMITTING

• DO NOT WRITE BELOW THIS LINE •

Application Checklist

- Application Returned & Complete _____
- Criminal Check Submitted _____
- Certifications Submitted _____
- Reference Checks Completed _____
- Health Physical Completed _____
- Interview Completed _____

Recruiter Initials _____

Date Accepted for Membership _____

Date Active _____

- Membership Status**
- Senior Probationary Observer
 - Senior Probationay EMT
 - Cadet Probationary Observer
 - Cadet Probationary EMT
 - Special Active
 - Other...

Membership Committee Notes

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Probationary Period _____