



UPPER TWP. RESCUE

**Upper Township
Rescue Squad
Membership Application**

Upper Township Rescue Squad
2028 Tuckahoe Road
Petersburg, NJ 08270
(609) 628-2476



UPPER TWP. RESCUE

Thank you for your interest in the Upper Township Rescue Squad. Our company has been serving the residents of Upper Township since 1964. Our coverage area is approximately 65 sq. miles with residences, beaches, and waterways. Our membership has dedicated great time and effort into training and growing within the emergency medical services field, and as a result has been extremely effective.

The purpose of this organization will be to relieve pain and suffering and to comfort all; regardless of race, color, creed, gender, national origin, religion, sexual preference, and/or physical and/or mental disability; to provide 24-hour emergency medical service within the boundaries on the Township of Upper and the surrounding communities.

Perhaps one of the greatest privileges of membership is the friendship developed and the great feeling of satisfaction derived from helping your fellow citizens. Please fill out the attached membership application, in its **entirety**, and drop it off at the station on a Tuesday night or mail it to the Squad Trustees at: 2028 Tuckahoe Road, Petersburg, NJ 08270.

Thank you for your consideration in the Upper Township Rescue Squad! The Upper Township Rescue Squad is always looking for new volunteer members wishing to assist with the purpose of this organization.

Members are needed in the following categories:

Active Member:

- Involved in pursuing the knowledge necessary to actively assist with medical care of people in need.
- Attend drills and meetings.
- Earns a CPR care giver certification endorsed by the American Heart Association. (This CPR certification is necessary prior to riding on an ambulance)
- Earns a NJ State EMT certification within first year of membership.
- Assists in taking part in the necessary maintenance duties for the proper performance of the facilities and equipment.
- May hold elected administrative office or be appointed as a line officer.

Associate Member:

- Is a person that does **not wish** to be involved in operations.
- Must attend meetings and events.
- Assists in administration, maintenance, fund raising, and/or brings a specialized quality of knowledge and experience helping further the purpose of the Squad.



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CONTACT INFORMATION

NAME: _____
(Last) (First) (MI)

ADDRESS: _____
(Street) (City) (Zip)

TELEPHONE #: _____
(Home) (Cell) (Other)

SSN: _____ - _____ - _____ DOB (M/D/YY): ____/____/____

EMAIL ADDRESS: _____ @ _____

EXPERIENCE

- 1) Have you ever been a member of any other emergency service, branch of military, or law enforcement organization?

YES _____ NO _____

If yes; please list dates, reason for leaving, references with phone numbers, and any offices held (attach additional sheets if necessary):

- 2) Are you EMT or First Responder certified? (Please attach certificates)

CPR (American Heart Association): No ___ Yes ___ Date of expiration: _____ Yrs. Exp. _____

First Responder: No ___ Yes ___ Date of expiration: _____ Yrs. Exp. _____

NJ EMT-B: Certification # _____ No ___ Yes ___ Date of expiration: _____ Yrs. Exp. _____

NJ EMT-P: Certification # _____ No ___ Yes ___ Date of expiration: _____ Yrs. Exp. _____

NREMT-B: Certification # _____ No ___ Yes ___ Date of expiration: _____ Yrs. Exp. _____

NREMT-P: Certification # _____ No ___ Yes ___ Date of expiration: _____ Yrs. Exp. _____

- 3) List all emergency services training or any other certifications you feel may be valuable: (Please attach copies of all certificates)



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4) Have you ever applied to another volunteer organization and been denied?

Yes _____ No _____

If yes; please explain: _____

_____.

EMPLOYMENT HISTORY IN THE LAST FIVE YEARS

(Please attach additional sheets, if necessary)

1) Company: _____	2) Company: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
Dates of Employment: _____	Dates of Employment: _____
Job Title: _____	Job Title: _____
Supervisor: _____	Supervisor: _____
3) Company: _____	4) Company: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
Dates of Employment: _____	Dates of Employment: _____
Job Title: _____	Job Title: _____
Supervisor: _____	Supervisor: _____

BACKGROUND INFORMATION

1) Do you currently possess a valid NJ driver's license? Yes _____ No _____

If Yes; DL# _____ Exp. Date: __/__/__

Year's Driving: _____ Violations: _____

_____.

2) Has your driver's license or registration ever been suspended or revoked in this or any other state?

Yes _____ No _____

If yes; please explain: _____

_____.



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3) Have you ever been convicted of a crime or disorderly person's offense? Yes _____ No _____

If yes: please explain: _____

3 PERSONAL REFERENCES

Please include written Letter of Recommendation from each Reference – (3 non-family)

1) Name: _____

Address: _____

Phone #: _____

Email Address: _____

Letter Included: Yes _____ No _____

2) Name: _____

Address: _____

Phone #: _____

Email Address: _____

Letter Included: Yes _____ No _____

3) Name: _____

Address: _____

Phone #: _____

Email Address: _____

Letter Included: Yes _____ No _____

EMERGENCY CONTACT INFORMATION

1) Name: _____

Address: _____

Phone #: _____

Relationship: _____

2) Name: _____

Address: _____

Phone #: _____

Relationship: _____



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ABOUT ME...

1) Education: High School _____ College _____ Graduate _____ Other _____

2) Hobbies:

3) How did you hear about the Upper Township Rescue Squad?

4) Why do you want to be a member of the Upper Township Rescue Squad?

5) Any additional comments or information you feel is pertinent to this application for membership?



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Incomplete applications will delay consideration for membership. When submitting this application please remember to include:

- Complete Application in its entirety: _____
- 3 Letters of Recommendation: _____
- Copy of your Driver's License: _____ (if applicable)
- Copy of your CPR Card: _____ (if applicable)
- Copy your EMT Card(s): _____ (if applicable)
- Additional certifications: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal or dismissal of membership, no matter when discovered by the Upper Township Rescue Squad.

SIGNATURE: _____ DATE: _____

AUTHORIZATION

I authorize the Upper Township Rescue Squad and/or the Township of Upper to perform a background investigation and I authorize my employer and references to disclose information regarding my employment, character and general reputation to the Upper Township Rescue Squad, without giving me prior notice of such disclosure. In addition, I release the Upper Township Rescue Squad, Employer(s) and all references from any claims, demands or liabilities arising from any investigation or disclosure.

Initial _____

I authorize the Upper Township Rescue Squad and/or the Township of Upper to check the status of my driver's license, at the time of this application and any other time the Upper Township Rescue Squad deems necessary. I also authorize the Upper Township Rescue Squad to release my driver's license number to the applicable Insurance Company(s). **Initial** _____

I authorize release of my name, address, and contact information to the Upper Township Rescue Squad Members, and any other person(s) that the Upper Township Rescue Squad may utilize to help in considering your application for membership. **Initial** _____

SIGNATURE: _____ DATE: _____



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FOR UPPER TOWNSHIP RESCUE SQUAD USE ONLY

Date Received: ____ / ____ / ____ Received By: _____

Type of Membership: _____

Approval or denial of Membership Proposed By: _____

Membership Seconded? Yes _____ No _____

Membership: Approved _____ Denied _____

Date of Approval or Denial: ____ / ____ / ____

Reason for Denial: _____

Probation Begins: ____ / ____ / ____ Ends: ____ / ____ / ____

Notes: _____
