

# UPPER TOWNSHIP RESCUE SQUAD

## APPLICATION FOR MEMBERSHIP

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 is 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 and drop it off at the station on a Tuesday night or mail it to the Squad at 2028 Tuckahoe Road, Petersburg, NJ 08270.

### ***Operational Membership***

Involved in pursuing the knowledge necessary to actively assist with medical care of people in need as well as fire rehab response.

Attend drills and meetings. Assists in fundraising efforts.

Earns a CPR BLS provider certification endorsed by the American Heart Association. (This CPR certification is necessary prior to riding on an ambulance)

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 Membership***

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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### Personal Information

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Certifications

CPR Certification:  No  Yes

If yes  AHA  Red Cross  Other Level: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMT Certification:  No  Yes

If yes Level: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

CEVO Ambulance Certification  No  Yes

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

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### Experience

Have you ever been a member of any other emergency service, branch of military, or law enforcement organization?  No  Yes

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

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Have you ever applied to another volunteer organization and been denied?  No  Yes

If yes; please explain: \_\_\_\_\_

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### Previous Work Experience (Last 5 Years)

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Employer Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Background Information

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

Drivers Licence Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of Years Driving: \_\_\_\_\_ Violations: \_\_\_\_\_

Has your driver's license/registration ever been suspended/revoked in this or any other state?  No  Yes

If yes; please explain: \_\_\_\_\_

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

If yes; please explain: \_\_\_\_\_

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### Names of Reference

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Name 1: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Reference Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name 2: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Reference Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name 3: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Reference Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact Information

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Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

\_\_\_\_\_

Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Tell Us About Yourself

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Education (years): High School \_\_\_\_\_ College \_\_\_\_\_ Graduate \_\_\_\_\_ Other \_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Upper Township Rescue Squad? \_\_\_\_\_

\_\_\_\_\_

Why do you want to be a member of the Upper Township Rescue Squad? \_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

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

Complete Application in its entirety

Copy of your CPR Card (if applicable)

3 Letters of Recommendation

Copy your EMT Card(s) (if applicable)

Copy of your Driver's License (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 / 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 references from any claims, demands or liabilities arising from 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** \_\_\_\_\_

# UPPER TOWNSHIP RESCUE SQUAD

## APPLICATION FOR MEMBERSHIP

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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