

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 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.*

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 in an ambulance). May hold elected administrative office or be appointed as a line officer.

Associate Membership

Does not wish to be involved in operations. Must attend meetings and events. Assists in administration, maintenance, fundraising, and/or brings a specialized quality of knowledge and experience helping further the purpose of the Squad.

Junior Membership

The Junior Program is available to eligible 16 and 17 year olds who are interested in learning the basics of emergency medical services activities and preparing, if desirable, to become full members at the age of 18. The Junior Member must first have permission from their parent/guardian before being granted a position as a member of this program. They must also maintain a minimum C grade point average in school. Junior Members are not permitted to take part in any activity that could be considered hazardous. Junior members are given the opportunity to observe EMS operations on an ambulance and attend drills, training, meetings, and fundraisers. Junior Members may participate in “ride alongs” on the ambulance with the Division of EMS duty crew as a “third member” at the discretion of the Junior Member Coordinator. Junior Members must have submitted a completed Permissions Form to the Junior Member Coordinator before participating in operational activities. These members must become BLS CPR certified prior to riding in an ambulance.

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Personal Information

Name: _____ DOB: ____ / ____ / ____

Home Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ - _____ - _____ SSN: _____ - _____ - _____

Email: _____

Type of Membership you are Applying for: (Operational, Associate, Junior) _____

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)

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):

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)

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

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

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

Name: _____ Contact Phone Number: _____

Contact Address: _____ City: _____ State: ____ Zip: _____

Relationship: _____

Tell Us About Yourself

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
- 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 / 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** _____

SIGNATURE: _____ DATE: _____

UPPER TOWNSHIP RESCUE SQUAD

APPLICATION FOR MEMBERSHIP

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: _____
