

# SPARTA AMBULANCE SQUAD APPLICATION VOLUNTEER MEMBER



Read the following paragraph before completing this application.

This application must be completed by the applicant. Any misstatement of fact, omissions or attempt to mislead this agency, if deliberate or in error, may lead to your disqualification. This application must be printed in ink and all information filled in. If any requested data does not apply to you, indicate by entering "N/A". Do not leave any question blank.

## I. Personal Information

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

## **Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## II. Availability

Please check any shifts for which you would be available for duty.

|                  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |                   | Sunday |
|------------------|--------|--------|---------|-----------|----------|--------|-------------------|--------|
| 6:00am – 12:00pm |        |        |         |           |          |        | 6:00am – 12:00 pm |        |
| 2:30pm – 6:00pm  |        |        |         |           |          |        | 12:00pm – 6:00 pm |        |

|                  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Rotating Saturday |
|------------------|--------|--------|---------|-----------|----------|--------|-------------------|
| 6:00pm-10:00pm   |        |        |         |           |          |        |                   |
| 10:00pm – 6:00am |        |        |         |           |          |        |                   |

### III. Certifications

| <b>Certification</b>                                     | <b>Date Obtained</b> | <b>Date Expires</b> | <b>Certification Number<br/>(If Applicable)</b> |
|--|----------------------|---------------------|---|
| Healthcare Provider or<br>BLS CPR                        |                      |                     |   |
| NJ Emergency Medical<br>Technician                       |                      |                     |   |
| National Registry or Out of State<br>EMT<br>State: _____ |                      |                     |   |
| Driver's License   |                      |                     |   |

### **Additional Certifications**

| <b>Certification</b> | <b>Date Obtained</b> | <b>Date Expired<br/>(If Applicable)</b> |
|----------------------|----------------------|---|
| CEVO III             |                      |   |
| Hazmat Awareness     |                      |   |
| ICS 100              |                      |   |
| ICS 200              |                      |   |
| ICS 700              |                      |   |
| PHTLS                |                      |   |
| EPI/Narcan           |                      |   |

### **Other Training:**

---



---



---



---

**IV. Restrictions/Violations** - Please circle yes or no, and provide an explanation if the answer is yes.

Do you have any medical conditions and/or mental/physical disabilities that would impair or restrict you from responding to the duties of an emergency medical care provider? YES / NO

If yes:

---

---

Have your driving privileges ever been revoked or suspended in any jurisdiction? YES / NO

If yes:

---

---

Have you ever been issued a motor vehicle summons? YES / NO

If yes:

---

---

Have you ever been convicted of a felony or under indictment at this time? YES / NO

If yes:

---

---

Have you ever been convicted of a DWI or DUI? YES / NO

If yes, state full facts, include date(s) and location(s):

---

---

---

**V. Previous Work or Volunteer Experience**

Please provide details of your previous work or volunteer experience, including any First Aid Squads, EMS Agencies, or Fire Departments.

| Company/Organization | Position | Start Date | End Date | Reason for Leaving | Supervisor Name and Contact Number |
|----------------------|----------|------------|----------|--------------------|------------------------------------|
|                      |          |            |          |                    |                                    |
|                      |          |            |          |                    |                                    |
|                      |          |            |          |                    |                                    |
|                      |          |            |          |                    |                                    |

Have you ever been removed or dismissed from a First Aid Squad, EMS Agency, or Fire Department? YES / NO

If yes, please describe below

---

---

## **VI. References:**

Please list three personal or professional references below.

1. Reference Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Relation to You: \_\_\_\_\_

How long have you known this person for? \_\_\_\_\_

2. Reference Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Relation to You: \_\_\_\_\_

How long have you known this person for? \_\_\_\_\_

3. Reference Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Relation to You: \_\_\_\_\_

How long have you known this person for? \_\_\_\_\_

**Cadet Program - for High School Members Only - Skip this section if not applicable**

High School: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

\*Please attach a copy of your last report card or a letter from a guidance counselor of proof that you maintain a "C" or greater average in all classes. \*

**Parent Permission (If applicant is under eighteen (18) years of age)**

(Please initial on line next to each condition and sign below)

\_\_\_\_\_ I grant permission for my son/daughter to apply for cadet membership of the Sparta Ambulance Squad.

The Cadet program was established so high school students can gain experience in emergency medical services, while providing service to the community. Cadets respond to calls, treat patients under the supervision of EMT's, attend trainings and meetings, and are active members of the Sparta Ambulance Squad, supporting its projects and endeavors.

The Sparta Ambulance Squad accepts applicants for cadet membership only with permission of the applicant's parent or guardian. Parents should understand that the Sparta Ambulance Squad has strict policies governing cadet members to insure his/her safety. These regulations are discussed with the cadet member upon interview. Cadet members are required to complete their Healthcare Provider or BLS CPR certification prior to starting training, as well as complete the EMT course within two (2) years of their acceptance date.

\_\_\_\_\_ I hereby give my son/daughter permission to respond to the Sparta Ambulance Squad during the following time periods. Shifts are in four (4) or twelve (12) hour increments:

Under 18 years of age:

School Nights:

2:30pm - 6:00pm - YES / NO

6:00pm - 10:00pm - YES / NO

Weekends:

6:00am - 10:00pm YES / NO

Non-School Days:

Any available time: - YES / NO

Specific days/times: - YES / N/A

If yes, please specify any day or time restrictions below:

\_\_\_\_\_

\_\_\_\_\_ I have verified that all information provided on this application by my son/daughter is true and accurate to the best of my knowledge.

I, \_\_\_\_\_ (Cadet Applicant), understand the restrictions placed on me by my parent/guardian and agree to abide by them.

Cadet Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPARTA AMBULANCE SQUAD, INC. RELEASE INFORMATION

I, \_\_\_\_\_, am applying for appointment to the Sparta Ambulance Squad, Inc. As a result, an investigation will be conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution to have control of any documents, records, and other information pertaining to me, to furnish to SAS, the New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS) and/or the Town of Sparta any such information, formal or informal, pending or closed, or any other pertinent data, and to permit SAS, New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS) and/or Town of Sparta or their representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate SAS, New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS), the Town of Sparta, their representatives and any other person(s) so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collecting of such documents, records and any other information or the investigation made by SAS, New Jersey State Police, New Jersey Department of Health and Senior Services (OEMS), and/or the Town of Sparta.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this authorization and release will be considered in determining my suitability for employment by Sparta Ambulance Squad, Inc.

In the event that my criminal history record or other record is utilized as a basis to reject my employment application, I understand that Sparta Ambulance Squad, Inc. will set forth the basis for such rejection to me in writing and afford to me an opportunity to confirm or deny the accuracy of any information contained in the criminal history record or other record. I shall be afforded a reasonable period of time to correct or complete the record prior to a final determination or decision concerning my eligibility for employment.

A photocopy of this authorization and release form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization & Release."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date