

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. All signatures must be signed in ink. E-signatures are not accepted.

Please submit completed applications to join@spartaambulance.org, mail to PO Box 246, Sparta, NJ 07871, **OR** bring it to Sparta Ambulance Squad located at 14 Sparta Avenue, Sparta, NJ.

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.

	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

Please provide copies of all certifications with your application.

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

Additional Certifications

Certification	Date Obtained	Date Expired (If Applicable)
CEVO III		
Hazmat Awareness		
ICS 100		
ICS 200		
ICS 700		
PHTLS / ITLS / TECC		
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Have your driving privileges ever been revoked or suspended in any jurisdiction?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 a total of **3** references below, with one being a professional reference.

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. * All signatures/initials must be signed in ink. E-signatures are not accepted.

Parent Permission

(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