

Fair Lawn Volunteer Ambulance Corps, Inc.
1 Cooper's Way
P.O. Box 282
Fair Lawn, New Jersey 07410
(201) 797-5321

Personal Information

Name: _____ Date of Birth: _____

Social Security Number: _____ Are you a U.S. Citizen? Yes (by birth) Naturalized on _____

Current Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip Code: _____

Number of years at that address: _____ Own Rent Live with Parents / Relatives

Previous Address: _____ City: _____ State: _____

Number of years at that address: _____ Own Rent Live with Parents / Relatives

Marital Status: Single Married Beneficiary: _____

Military Service: Yes No Branch: Army Navy Air Force Marines Other

Dates: _____ Type of Discharge: Honorable Dishonorable Other (give details below)

Work History

Use back of page for additional employers

Employer: _____ Job Title: _____

Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip Code: _____

Work Shifts: Weekday Weeknight Weekend Days Weekend Nights Work Hours: _____

May we contact your current employer: Yes No: why? _____

Volunteer History / Certifications

Do you have any first aid experience? Yes No

Are you certified in CPR? Yes Exp date: _____ No

Are you certified as an EMT? Yes Exp. Date: _____ No

Volunteer Activities / Organizations to which you belong:

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

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Background Information

Type of Driving Experience: pleasure car van straight truck tractor trailer other: _____

Driver's License Number: _____ State: _____ Exp Date: _____

Has your driver's license ever been revoked? Yes (give details on line below) No

Have you ever been arrested and convicted of a crime? Yes (give details in space below) No

Have you ever been charged with (give details in space below):

- | | | | |
|-------------------|------------------------------|-----------------------------|--------------|
| Reckless Driving | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: _____ |
| Speeding | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: _____ |
| Morals Offense | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: _____ |
| Narcotics Offense | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: _____ |
| DWI | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: _____ |

I fully understand that the acceptance of this application is in no way binding upon the Fair Lawn Volunteer Ambulance Corps, Inc.

I certify that the statements made herein are the truth, as it is known to me, and I do authorize the Fair Lawn Volunteer Ambulance Corps, Inc. or it's agents or designee's to conduct such investigation as deemed necessary.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE <i>Membership Committee Review & Investigation</i>	
Date Application Received: _____	<input type="checkbox"/> mail <input type="checkbox"/> in person <input type="checkbox"/> other: _____
Police Investigation Date: _____	comments: _____
Interview Date: _____	comments: _____
Application: <input type="checkbox"/> accepted at meeting of _____ Notification sent: _____ <input type="checkbox"/> rejected <input type="checkbox"/> on hold	

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Medical Release Form

_____ has made application to the Fair Lawn Volunteer Ambulance Corps, Inc. to become a Corps member. This involves first aid training, performance, driving of an emergency vehicle, stressful situations, lifting of patients, stretchers and equipment.

We ask that you supply some current medical information as well as some past medical history concerning the above named applicant. This will assist us in determining if the applicant would be able to successfully perform all the duties of a Corps member.

History:

1. Previous hospitalizations and operations:

Dates: _____ Where: _____
Reason: _____

2. Disabilities: _____

3. Physical Impairments / Limitations: _____

4. Allergies: _____

5. Medications: _____

Physical Exam:

1. Last Recorded:

Height: _____ Weight: _____ Blood Pressure: _____

2. EKG Date: _____ Normal Abnormal: _____

3. Chest X-Ray Date: _____ Normal Abnormal: _____

4. Abnormal Test Results: _____

5. Last Physical Exam: Date: _____ Comments: _____

Do you feel that this applicant can physically and mentally perform as an Ambulance Corps member?

YES NO

Physician's Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone Number: _____

License Number: _____ State of License: _____

Physician's Signature: _____ Date: _____

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Security Check Authorization

To: Fair Lawn Police Department

I have applied for volunteer participation, and for the purposes of such application, do hereby authorize the release of any criminal history, motor vehicle or other type of record / information maintained or available to your agency, for the stated purpose of the Fair Lawn Volunteer Ambulance Corps, Inc.. Information released as a result of this authorization shall be used for the express purpose of processing the indicated applicant.

(signature of applicant)

(date)

(print name of applicant)

(signature of parent or guardian if the applicant is under 18 years old)

(date)

(print name of parent or guardian signing above if applicable)

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Parent Consent Form for Applicants who are Minors

To be completed by the parents or guardians of all applicants who are under 18 years of age

I / We hereby grant permission for our son / daughter to participate in the Fair Lawn Volunteer Ambulance Corps, Inc.. Permission includes but is not limited to participation in all duties, functions and activities required by their membership classification.

I / We have read the rules and regulations governing the Fair Lawn Volunteer Ambulance Corps, Inc. and hereby accept them in their entirety.

(print name of applicant)

(Signature of parent or guardian)

(date)

(print name of parent or guardian signing above)

(Signature of 2nd parent or guardian) (not required)

(date)

(print name of parent or guardian signing above)

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Membership Information & Requirements

Thank you for your interest in the Fair Lawn Volunteer Ambulance Corps, Inc. Membership within our organization is a very substantial commitment of time, and it would be helpful for you to understand exactly what will be involved. Please review all information provided. If you have any further questions, please contact us at 201-797-5321.

Probationary Status:

All members (except those under 18 years old) start as a probationer. This status allows you to become familiar with the Corps, it's rules & regulations, become certified and make a decision if this is something you wish to continue. At the same time, it allows the Corps to get to know you and decide if you are the type of member that will honor our high standards and commitment.

To complete probation you must complete the following:

- Minimum of 6 months
- Minimum of 75 calls taken
- Complete certification of Professional Rescuer CPR (adult, child & infant)
- Complete certification as an Emergency Medical Technician (EMT)
- Demonstrate knowledge of Corps rules, regulations, policies, procedures, location of all equipment, location of all hospitals, ability to work with patients and crewmembers.

Requirements:

- Attend EMT course (if you are not already certified). The course is 140 hours long and runs from January to May or September to December. Classes are generally 2 nights per week and a few weekend days during the semester.
- Sign on the schedule (2 week period) for a minimum of 22 hours.
- Sign on "Sunday" rotation for 2 Sundays per 6 month period.
- Attend meeting of the Corps on alternating Wednesday nights. Meetings run from 7:30 to 10:00.

Associate Membership:

Upon completing probation you can change your status to this classification or "General" membership. The Associate membership has the following requirements:

- Fulfill a minimum of 10 hours per schedule (2 week period)
- Must fulfill Sunday rotation
- Must maintain CPR and EMT certification.
- May NOT vote on Corps business
- May NOT hold an office in the Corps.
- Must attend a minimum of 50% of all called meetings
- Gets only 50% of clothing allowance benefit.

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General Membership:

Upon completing probation, this is the second and preferable membership option. The requirements for General membership are as follows:

- Fulfill 22 hours per schedule (2 week period)
- Fulfill Sunday rotation
- Must maintain CPR and EMT certification
- May vote on Corps business
- May hold office in the Corps.
- Gets full clothing allowance benefits.

Youth Membership:

For those 16-19 years old, they may only enroll as a Youth member. Youth members are more restricted in their functions and duties due to limitations with our insurance company and State laws. All youth members have the following requirements:

- Fulfill 6 hours per schedule (2 week period)
- Must become certified in Professional rescuer CPR and maintain the certification.
- Must become certified as an Emergency Medical Technician (EMT) and maintain certification.
- Must attend 75% of all called Youth Squad meetings and Corps First Aid meetings.
- May not vote on Corps business.
- May not hold office in the Corps.
- Do not get clothing allowance benefits.
- Must maintain school grades (if in high school) to the satisfaction of parents / guardian.
- May not take call past 10 PM on a school night and not past 11 PM on a non-school night.

Auxiliary Membership:

There are many people who are unable to ride on the ambulance due to age, physical or mental limitations. We encourage these people to join and have this special membership classification for them. There are very few requirements for this classification. These members are utilized to assist on committees, cleaning, running errands and office work.

- Must volunteer for a minimum of 2 hours per week.
- May not vote on Corps business.
- May not hold an office in the Corps.
- Do not get clothing allowance benefits.
- Medical portion of form not required to be completed.