

Tewksbury First Aid & Rescue Squad, Inc.



MEMBERSHIP APPLICATION

My application for membership with the Tewksbury First Aid & Rescue Squad, Inc. ("TFARS") is for the following membership category (check):

- EMT – currently certified or re-certifying Driver – ambulance driver; assist EMTs
- Cadet – 14 - 17 y.o.; introduction to EMS Associate – administrative duties only

Please provide complete and legible information. If necessary, attach a separate sheet for additional information.

Name: _____ Date of birth (if under 18): _____

If under 18, name of parent(s)/guardian(s): _____

Address: _____

City: _____ Zip Code: _____

Email: _____ @ _____

Home Phone: () _____ Mobile Phone: () _____

Mobile Phone Carrier: _____

Employer: _____ Occupation: _____

Work Phone () _____ Dates Employed: (From) _____ (To) _____

Do you have previous healthcare or first responder experience? YES/NO. If yes, please list your experience.

Have you ever been the subject of any lawsuit, complaint or disciplinary action in your role as a first responder with any other agency? YES/NO. If yes, please explain.

If you are a certified EMT, when does your certification expire? _____

Please attached a copy of your certification.

If you are in the process of renewing your EMT certification, please provide details regarding the status of your recertification.

Do you have any physical, medical, or other restrictions* that may affect your duties as a TFARS member? YES / NO. If yes, please explain:

Have you ever been arrested, convicted of a crime or entered a plea of guilty/no contest to a crime? YES/NO. If yes, please explain and provide date, reason, jurisdiction and disposition.

Do you currently have a valid driver's license? YES/NO.

Has your driver's license ever been suspended or revoked? YES/NO. If yes, please provide date, reason for suspension/revocation, length of suspension/revocation.

List all driving citations you have received as an adult or juvenile excluding parking tickets. Please include date, charge, jurisdiction and disposition. Please attach a copy of your NJ MVC driver's abstract (available electronically from NJ MVC at <https://www.state.nj.us/mvc/license/driverhist.htm>.)

Describe briefly any traffic accident(s) in which you have been involved. Please provide date and location.

Were you referred by a current TFARS member? YES/NO. If yes, who?

* Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on TFARS. Please inform an officer of TFARS if you need assistance completing this application or to otherwise participate in the application process.

Please provide three (3) character references whom you have known for at least one (1) year. Do not list relatives. Cadet applicants should include at least one teacher/coach:

Name	Address	Email	Phone #	Relationship

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH

DISCLOSURE, AUTHORIZATION AND RELEASE:

I authorize TFARS and its representatives to contact my current and former employers, schools, references, and other persons or organizations I have named in this application, in each case for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons or organizations named in this application to provide any information or transcripts requested.

_____ Initials

I understand that in connection with my application for membership with TFARS motor vehicle and/or criminal background records, which may contain public record information, may be requested and obtained by TFARS or its representatives, and I hereby authorize them to obtain such reports. These reports may include information related to my criminal record and previous driving record, including court actions, citations, license suspensions and revocations. This authorization shall remain on file and shall serve as ongoing authorization for TFARS or its representatives to procure criminal background information and Motor Vehicle Reports at any time during my membership.

_____ Initials

CONDITIONS OF MEMBERSHIP

As conditions to membership, I:

1. understand and acknowledge that as a member of the Tewksbury First Aid & Rescue Squad, Inc., I may participate in training activities at an EMS station or other designated location, participate at the scene of active emergencies, ride in responding emergency vehicles and participate in other activities that will involve various known and unknown risks that may result in personal injury.
2. agree to follow and adhere to the guidelines, bylaws, policies, procedures, rules and regulations of the Tewksbury First Aid & Rescue Squad, Inc.
3. acknowledge receipt of the "TFARS Member Information" document. I have read the document and agree to fulfill the obligations of it according to the membership category for which I have applied and am approved.
4. understand and acknowledgment that my membership with the Tewksbury First Aid & Rescue Squad, Inc. is "at-will", meaning the organization or I can terminate my membership at any time, with or without notice, for any reason.
5. agree to return any equipment issued and/or loaned to me or which I purchased and was reimbursed for, including, but not limited to, pagers, hi-visibility jackets, other clothing, portable radios, personal protection equipment, respirators, keys, tools, first-in/jump bags, medical supplies and equipment, patient medications, extrication equipment, bunker gear and electronic equipment. I understand that these items are the property of the Tewksbury First Aid & Rescue Squad, Inc., and must be returned upon demand by the Tewksbury First Aid & Rescue Squad, Inc., and, if not returned upon demand, I agree to reimburse the Tewksbury First Aid & Rescue Squad, Inc., the full replacement cost for such item(s) within ten (10) business days.

By signing below, I represent that all information provided is true; I have read and understand the "Disclosure, Authorization and Release" above and understand the "Conditions of Membership"; all of my questions in regard to them or any other aspect of my application have been answered to my satisfaction.

Print Name: _____

Signature: _____ Date: _____

Parent / Legal Guardian Signature if under 18 years of age:

Print Name: _____

Signature: _____ Date: _____

Parent / Legal Guardian phone and email address: _____

Mail or drop off application:

Email application to:

Tewksbury First Aid & Rescue Squad, Inc.
163 Old Turnpike Road
Califon, NJ 07830

membership@tewksburyrescue.org

