

# Lodi Volunteer Ambulance Rescue Squad Inc

72 Kimmig Avenue/ P.O. Box 299

Lodi, New Jersey 07644-0299

Business: (973) 546-3488 ♦ Fax: (973) 772-0965

## APPLICATION FOR MEMBERSHIP

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security#: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CONTACT NUMBERS

Home :\_(\_\_\_\_\_) \_\_\_\_\_ Work: \_\_ (\_\_\_\_\_) \_\_\_\_\_

Cell: \_\_ (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### DRIVER LICENSE INFORMATION

Driver's License #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any moving violations or accidents?  YES  NO

If Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

### QUESTION INFORMATION

Have you ever been arrested or convicted of a crime?  YES  NO

If Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions/disabilities that would prevent you from performing your duties as a member of the Ambulance Corps?  YES  NO

If Yes, Please explain: \_\_\_\_\_

Do you have any First-Aid training?  YES  NO

IF Yes, Please explain: \_\_\_\_\_

Have you ever been a member of any Paid/Volunteer EMS services?  YES  NO

If Yes, Please list where, whether you are still a member or reason of leaving: \_\_\_\_\_

**EMPLOYMENT/SCHOOL INFORMATION**

Name of Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Supervisor/Student Counselor: \_\_\_\_\_

Phone number of Supervisor/Student Counselor: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position/Grade: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1 \_\_ (\_\_\_\_) \_\_\_\_\_ 2. \_\_ (\_\_\_\_) \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1 \_\_ (\_\_\_\_) \_\_\_\_\_ 2. \_\_ (\_\_\_\_) \_\_\_\_\_

**NOTE: These persons will ONLY be contacted in case of any emergency.**

## RELEASE FOR BACKGROUND CHECKS

By my signature below, I hereby authorize the **Lodi Volunteer Ambulance Rescue Squad Inc and/or authorize agent** to perform the necessary criminal records background checks and motor vehicle records check. I do hereby release and hold harmless the **Lodi Volunteer Ambulance Rescue Squad Inc and/or authorize agent** from all and any action that may arise from such a search.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

If you are under the age of eighteen (18) and wish to join the **Lodi Volunteer Ambulance Rescue Squad Inc**, parental permission is **REQUIRED**. A parent or legal guardian **MUST** sign below and agree to the above background checks otherwise this application is incomplete and **WILL NOT** be processed.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

Phone# \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

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## Equipment Registration

I hereby acknowledge that I have received the following equipment/items from the Lodi Volunteer Ambulance Rescue Squad, Inc

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

- Pager Serial #: \_\_\_\_\_
- Class "B" Duty Uniform staff shirt with the Lodi Volunteer Ambulance Rescue Squad, Inc logo
- Class "B" Duty Uniform six (6) pocket BDU military style pants
- Winter Jacket
- Class "A" Dress Uniform – Long sleeve shirt
- Class "A" Dress Uniform – Short sleeve shirt
- Class "A" Dress Uniform – Pants
- Class "A" Dress Uniform – Belt
- Class "A" Dress Uniform – Tie
- Class "A" Dress Uniform – Tie Clasp
- Class "A" Dress Uniform – White Dress Uniform Gloves
- Class "A" Dress Uniform – Name Plate
- Class "A" Dress Uniform – Collar pins (2 caduceus)
- Lodi Volunteer Ambulance Rescue Squad, Inc Badge ID Badge #: \_\_\_\_\_
- Constitution & By-Laws Manual
- Policies & Procedures Manual



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## MEDICAL RELEASE

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ is a perspective member of the Lodi  
(Member Name)  
Volunteer Ambulance Rescue Squad, Inc. As a member of our organization, he/she will have to complete physically demanding tasks, including but not limited to, lifting and carrying patients and equipment, performing cardiopulmonary resuscitation, and other demanding tasks.

I, \_\_\_\_\_, have seen \_\_\_\_\_ and understand that he/she is a perspective  
(Physician Name) (Member Name)  
member of the Lodi Volunteer Ambulance Rescue Squad, Inc. He/She is physically capable of fulfilling the duties required by your organization.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Name Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone