Lodi Volunteer Ambulance Rescue Squad, Inc.

72 Kimmig Avenue ◆ P.O. Box 299
Lodi, New Jersey 07644-0299
Business: (973) 546-3488 ◆ Fax: (973) 860-0859

APPLICATION FOR MEMBERSHIP

Applicant will be initially contacted via email for further application processing once this application is received. Please, **PRINT LEGIBLY** in **BLUE** or **BLACK INK ONLY**!

Last Name: _____ First Name: _____

Social Security#: _____/_____/_____ DOB: _____/_____/_____ Age: _____Sex: ☐Male ☐ Female

Home Address: _____ Apt. #_____

City: _____ State: _____ Zip Code: _____

Home: (_____) _____ Work: (_____) _____

Cell: (_____) _____ E-Mail: _____

DRIVER'S LICENSE INFORMATION

Driver's License #: _____/_____/_____ Expiration Date: _____/_____/____

EMERGENCY CONTACT INFORMATION

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

1. Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone #1 (_____) _____ 2. (_____)_____

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2. Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone #1 (_____) _____ 2. (_____)_____

How did you hear about us? _____

PERSONAL HISTORY QUESTIONNAIRE

Do you have any moving violations or accidents? ☐YES ☐NO

If Yes, Please explain: _____

_____

Have you ever been arrested, detained, charged with or otherwise accused of violating any offense of the law in this state or in another? ☐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: _____

_____

Are you an Emergency Medical Technician authorized by State of New Jersey Dept. of Health?
☐YES ☐NO

If Yes, List **expiration date** and **location** in which the training was obtained:_____

_____

Do you possess a valid CPR certification at the Professional Rescuer or Health Care Provider level?
☐YES ☐NO

If Yes, List **expiration date** and **location** in which the training was obtained:_____

_____

Have you ever been a member of any Paid/Volunteer Emergency Medical Services organization?
☐YES ☐NO

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

_____

EMPLOYMENT INFORMATION

Name of Employer: _____

Address: _____City: _____Zip Code: _____

Name of Supervisor: _____

Phone number of Supervisor: (_____) _____ Position: _____

EDUCATION INFORMATION (Highest Level)

Name of School: _____

Address: _____City: _____Zip Code: _____

Concentration/Major: _____

Year/Grade:_____ Graduation Date (Anticipated): _____

REFERENCE INFORMATION

Please list two reputable persons (NON-FAMILY MEMBERS) who have known you and are able to answer a series of questions relating to honesty, reputation, and ability of the applicant.

1. Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone:(_____) _____ Years Known: _____ Email Address:_____

Relationship to Applicant: _____

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2. Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone:(_____) _____ Years Known: _____ Email Address:_____

Relationship to Applicant: _____

Please briefly describe the reason behind your interest in joining the Lodi Volunteer Ambulance Rescue Squad, Inc. in a few sentences that do not exceed the provided space below.

_____

_____

_____

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_____

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REQUIREMENTS FOR MEMBERSHIP

- **Youth Squad Members**
  - 16-17 years of age
  - MUST ride their assigned Duty Night from 6pm-10pm (4 hours) weekly
  - Attends monthly Youth Squad Trainings and Membership Trainings
  - Attends the Monthly Business Meeting (1st Thursday of each Month) at 7:30pm
  - MUST maintain a C (70%) average in all classes and submit Report Cards upon request
  - Eligible for EMT School

- **Probationary Members**
  - At least 18 years of age
  - MUST ride their assigned Duty Night from 6pm-6am (12 Hours) weekly
  - Attends the Mandatory Training of the Month
  - Attends the Monthly Business Meeting (1st Thursday of each Month) at 7:30pm
  - Subject to fines/ penalties for lack of attendance at Squad Events
  - Eligible to begin Driver's Training
  - MUST become an Emergency Medical Technician within 1-year Probation period

DUTY NIGHT AVAILABILITY

Duty Nights are assigned with consideration to availability BUT at the sole discretion of the Captain.

Select ALL that apply!

☐ SUNDAY ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY

☐ THURSDAY ☐ FRIDAY ☐ SATURDAY

BACKGROUND CHECK/LIABILITY RELEASE

By my signature below, I hereby authorize the **Lodi Volunteer Ambulance Rescue Squad, Inc. (L.V.A.R.S.) and/or authorized agent(s)** to perform criminal records background checks and motor vehicle records checks. I further authorize the **(L.V.A.R.S.) and/or authorized agent(s)** to investigate any and all information provided on this application for accuracy and/or conduct both past and present which would be considered unbecoming an ambulance squad member. This conduct includes but is not limited to the objective of the **(L.V.A.R.S.)** and various policies set forth by the **(L.V.A.R.S.).** I do hereby release and hold forever harmless the **Lodi Volunteer Ambulance Rescue Squad, Inc. and/or authorized agent(s)** from all action or liabilities that may arise from such searches, investigations, or further authorizations. Providing false or incomplete information on this application is grounds for denial of membership/employment with the **L.V.A.R.S.,** or revocation of such membership if accepted.

_____ _____/_____/_____

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 authorizations otherwise this application is incomplete and **WILL NOT** be processed.

☐ My child **MAY** ride from 6pm-12am (6 hours) on non-school nights (summer, weekends, holidays, etc.)

☐ My child **MAY NOT** ride from 6pm-12am (6 hours) on non-school nights (summer, weekends, holidays, etc.)

_____ _____/_____/_____

Signature of Parent/Legal Guardian Date

_____ _____

Printed Name of Parent/Legal Guardian Phone #

SOCIAL MEDIA SEARCH

Please provide your username (if applicable) for the following social media accounts.

FACEBOOK	INSTAGRAM	TWITTER
MYSPACE	**LINKEDIN**	**SNAPCHAT**

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MEDICAL RELEASE

Date ____/_____/_____

To Whom It May Concern:

_____is a perspective member of the Lodi
(Applicant/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) (Applicant/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