



GREAT BAY REGIONAL VOLUNTEER EMERGENCY MEDICAL SERVICE INC.

SQUAD 85

**Serving the communities of:
Bass River, Little Egg Harbor, Tuckerton and Eagleswood**

MEMBERSHIP APPLICATION

03/07

Please mail completed application to:

**Great Bay Regional Volunteer EMS
C/O Membership Committee
PO Box 437
Little Egg Harbor, NJ 08087**

PERSONAL INFORMATION

First

Middle

Last Name

Street Address

City

Zip

SSN

Date of Birth

Home Phone

Cell Phone

NEW JERSEY DRIVER'S LICENSE NUMBER

EXPIRATION

EMAIL ADDRESS

Emergency Contact Information

NEXT OF KIN

PHONE

Employment

Present Employer

Phone

Name of Supervisor

References (Not someone currently residing in your residence)

NAME AND RELATIONSHIP

PHONE

NAME AND RELATIONSHIP

PHONE

NAME AND RELATIONSHIP

PHONE

Great Bay Regional Volunteer EMS Membership Application

Please provide copies of all certifications with application.

Background Information

Has your driver's license ever been revoked or suspended in this or any other state? YES NO

If yes, explain _____

Have you ever been convicted of a crime? YES NO

If yes, explain _____

Do you have any health or physical limitations ? YES NO

If yes, explain _____

Do you currently have any criminal charges or allegations pending against you? YES NO

If yes, explain _____

During the past 5 years have you ever been convicted of any moving violations? YES NO

If yes, explain _____

Attach additional pages if necessary.

Motor Vehicle Abstract

I acknowledge and grant permission for Great Bay Regional Volunteer EMS to obtain a copy of my certified drivers abstract.

Background Check and Finger Prints

All applicants must make an appointment within 15 days of submitting an application with Little Egg Harbor Police Department for finger printing and background investigation.

To make an appointment please call (609) 296-3666 ext. 145 and speak with Detective Melega his hours are Monday thru Thursday, 9am – 5pm

If applying for associate membership you may skip the physician's release.

Physicians Release

Must be completed and turned in within 30 days of submitting application.

APPLICANT'S NAME

EXAM DATE

PHYSICIAN'S NAME

PHONE NUMBER

PHYSICIAN'S ADDRESS

CITY / ZIP

I DO HEREBY CERTIFY THAT I AM A LICENSED PHYSICIAN AND I HAVE EXAMINED THIS APPLICANT AND FIND THAT THIS PATIENT IS IN GOOD HEALTH AND ABLE TO PERFORM HIS OR HER DUTIES AS A MEMBER OF THE PRE-HOSPITAL CARE TEAM WITHOUT LIMITATIONS WHICH INCLUDES LIFTING OF HEAVY OBJECTS.

PHYSICIAN'S SIGNATURE

DATE

STATEMENT OF UNDERSTANDING

I Understand that my application is complete only after I have provided all requested documentation and evidence of a physical examination, (not required for associate membership) drivers abstract and been fingerprinted. I accept that I am to maintain my CPR certification and EMT certifications. If my application is accepted I will then be considered to be a probationary member for a period of four months.

I will make myself available to perform EMS duties weekly (6 hours) and to help develop and maintain harmonious working relationship with all members of the healthcare delivery team. If accepted I agree to abide by the rules of the organizations, the SOG's, the By-Laws and instructions from the officers in charge.

I hereby certify that I have answered the previous questions truthfully and in good faith. It is understood that upon my termination and or resignation of my employment that I am required to return all equipment issued, borrowed, loaned and or purchased for me by Great Bay Regional Volunteer EMS. I also understand that failure to return any and all equipment within the allotted time will result in criminal charges against me. I also agree that failure to complete or omission of information in reference to any questions asked on this application may result in my membership being denied.

Applicants Signature

Date

Printed Name

Date

SUMMARY

Before turning in your application please make sure that all of the following is complete:

- **All pages of the application are filled out in their entirety.**
- **Attached copy of certification (If Applicable)**
- **Copy of Driver's License**
- **Physicians Release form Complete**
- **Finger Prints Completed by Little Egg Harbor Police**
- **Statement of Understanding Signed**

Any questions on the application please call 609-812-1500

Consent Release and Authorization for Background Checks

Date: _____

It is the policy of Great Bay Regional Volunteer EMS to perform initial and ongoing background checks on all members. Evidence of criminal history or motor vehicle violations history may affect membership or driving status.

I have authorized Great Bay Regional Volunteer EMS to conduct a full investigation in my background and activities. The investigation shall include but not be limited to local, state and national criminal history inquires and motor vehicle license status and abstract inquiries where such are kept pertaining to me. In addition I authorize Great Bay Regional Volunteer EMS to conduct an ongoing investigation into my background and activities during the length of my membership.

Courts, probation departments, selective service boards, educational institutions, banks financial or other such institutions, and all government agencies, federal, state, and local, without exception you are authorized to release any and all information pertaining to me, documentary or otherwise as requested by an employee or agent of Great Bay Regional Volunteer EMS, provided that he or she certifies to you that I have an application pending for membership or that Great Bay Regional Volunteer EMS is performing a routine check into my background as authorized by the Captain or the President of Great Bay Regional Volunteer EMS

Signature

Printed Name

Address _____

New Jersey Driver's License Number _____ Expires ____/____/____

Have original driver's license available for copy.

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