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

<u>This page is for the Lodi Volunteer Ambulance Rescue Squad, Inc use ONLY. DO NOT FILL OUT!</u>

Start Date: ______ | ______ | ______ ☐ Accepted ☐ Holding ☐ Rejected

Comments:

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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