

Amwell Valley Ambulance Corps
Volunteering Since 1957



Membership Application

1141 Old York Road, P.O. Box 147, Ringoes, New Jersey 08551
Tel (908) 782-5115 Fax (908) 782-5547

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Volunteering since 1957

Thank you for your interest in volunteering with the Amwell Valley Ambulance Corps (AVAC). Please follow these steps to apply:

1. Speak with an AVAC member to learn more about the squad and the expectations of a successful member
2. Read the information below about the minimum requirements of membership
3. Fully complete the application packet
4. Select references (non-family members)
5. Attach copy of your Driver License, EMT card, CPR card, and any other certifications you may possess

Return the application to the squad via US Mail, fax, or email to info@avac48.org. The application process is as follows:

1. Once your completed application is received, you will be contacted for an interview.
2. Your interviewers on the Membership committee will make a recommendation to the squad membership, based on their recommendation, the squad will vote to accept, table, or defer membership.
3. If accepted, you will be given:
 - i) Instructions on completing background check
 - ii) New member orientation
 - iii) A copy of the Constitution and By-Laws
 - iv) A copy of Standard Operating Procedures

4) You will begin with a Probationary Period between six and twelve months during which you should make every effort to attend meetings, drills, and other squad events.

5) After your six to twelve-month probationary period you will be evaluated and expected to reach a certain performance level of which you will be promoted from Probationary to Active and given EMT or Support member status.

Requirements for EMT Status:

1. Attend meetings and Drills as often as possible
2. Current BLS CPR
3. Complete 12 hours of Duty Shift per month or 12 calls* per month interchangeably
4. Current NJ EMT, NREMT-B, or equivalent
5. Current Coaching The® Emergency Vehicle Operator™ (CEVO) or Emergency Vehicle Operator Course (EVOC)

Requirements for Support Status:

1. Attend meetings and Drills as often as possible
2. Current BLS CPR
3. Complete 12 hours of Duty Shift per month or 12 calls* per month interchangeably
4. Current Coaching The® Emergency Vehicle Operator™ (CEVO) or Emergency Vehicle Operator Course (EVOC)

**One Call is Equivalent to One Duty Shift Hour*

When considering membership at the Amwell Valley Ambulance Corps, it is important to consider the amount of time and effort he/she will be required to put in to remain a member in good standing.

Membership Application

Cadet Member (15-17 Years old)

Adult (18+)

Auxiliary

Personal Information

Name _____ Sex: **M / F** DOB: ____/____/____
Last First Middle

Mailing Address _____
PO Box, Number Street (Apt #) City State, Zip

Home Address _____
Number Street (Apt #) City State, Zip

Preferred Phone _____
Circle: Home | Work | Mobile

Preferred Email _____

Education

| | |
|--|--|
| Highest Level of Education | |
| Which education institution did you receive this at? | |
| If currently pursuing a degree, what degree? | |
| At what institution are you attending? | |

Training and Certifications

| | |
|--|-------|
| EMT Certification - State # Date Issued Expiration | |
| CPR Certification Certifying Agency / Level / Date Issued Expiration | _____ |
| Other First Aid Training | |

Driving Record

| | | | | |
|-----------------------------------|----------------|-------------------|--|------------------------------|
| License # | | State | | Class (D, Commercial, other) |
| Expiration | ____/____/____ | Points | | |
| Restrictions | | Violations (List) | | |
| Have your driving privileges ever | | | | |

| | | |
|----------------------------|--|--|
| been suspended or revoked? | | |
|----------------------------|--|--|

Military Service

| | | | |
|-----------------|----------------|------------------------|--|
| Branch | | Rank | |
| Service Dates | ____/____/____ | Discharge Type | |
| Service Number | | Job Description (List) | |
| Training (List) | | | |

Employment History

Employer #1 (Most Recent) Title _____

Dates _____ Address _____ Phone _____

Supervisor _____ May we contact **Y/ N**

Presently Employed? **Y / N** Reason for Leaving _____

Employer #2 Title _____

Dates _____ Address _____ Phone _____

Supervisor _____ May we contact **Y/ N**

Presently Employed? **Y / N** Reason for Leaving _____

Employer #3 Title _____

Dates _____ Address _____ Phone _____

Supervisor _____ May we contact **Y/ N**

Presently Employed? **Y / N** Reason for Leaving _____

Other Information

Have you ever been convicted, fined, placed on probation, or imprisoned for any criminal offense? **Yes / No**
(If Yes, Explain) _____

Have you ever been dismissed or asked to resign from any position? **Yes / No** (If Yes, Explain)

Have you ever been an applicant or member of any other Emergency Service Agency? **Yes / No** If Yes, List.

| Agency | Phone | Dates | Supervisor |
|--------|-------|-------|------------|
| | | | |
| | | | |
| | | | |

Why do you want to join Amwell Valley Ambulance Corps?

Personal References

A reference should not be related to you, but should be able to comment on your education, work experience, community involvement, and/or character.

| Name | Phone & Email | Relation | Time Known |
|------|---------------|----------|------------|
| | | | |
| | | | |
| | | | |

Signature and Release

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge from the Amwell Valley Ambulance Corps.

By signing below, I hereby authorize the Amwell Valley Ambulance Corps and its officers or delegates to conduct background investigations necessary to verify the above information. I understand that any offer of membership is contingent upon successfully passing a medical clearance examination and drug screen administered by the squad's delegate, and by signing below I give my consent for that examination.

I further agree that, if granted membership, I will uphold the rules, regulations, and the Constitution & Bylaws of the Amwell Valley Ambulance Corps.

Signature of Applicant

Print Name

Date

I am the parent or legal guardian of the applicant. My signature below signifies my consent to the above on behalf of the applicant. I take full responsibility for the applicant's actions on the squad until he/she reaches his/her eighteenth birthday. I bear full responsibility for any and all squad uniforms and/or squad equipment that may be issued to the applicant if granted membership.

Signature of Applicant

Print Name

Date
