

Membership Application Packet and Instructions

John Robert Walker Memorial
Oakland First Aid Squad, Inc
285 Ramapo Valley Road
Oakland, NJ 07436
201.337.7385

Mailing Address
P.O. Box 5
Oakland NJ, 07436

Dear Applicant:

Thank you for your interest in joining the Oakland First Aid Squad. We are a volunteer organization that offers Emergency first aid and ambulance service to the residents, businesses and visitors to the Borough of Oakland. Our operations are 24 hours per day, 7 days per week, every day of the year and we have staffing needs on all shifts.

As a member of our organization you would be expected to attend our monthly meetings on the first and third Monday of the month from 7:30 PM to approximately 9:30 PM, take 12 hours of scheduled ambulance duty shifts, participate on committees as necessary and attend special events such as the Memorial Day Parade, annual carnival and fireworks. There is a level of commitment and dedication to the organization that we expect from all of our members.

Submitting a completed application is your first step in becoming a member. The first three pages must be submitted with a completed medical form that is signed by a doctor or nurse practitioner who will sign off that you are fit for performing the duties of a member. We cannot process an application without the completed medical form.

The background and finger print forms must be taken to the Oakland Police Department so they may process them and take your finger prints. Do NOT return them with your application. The Oakland Police Department has requested that you call to make an appointment first.

The driver application portion is to be filled out if you are over 21 years old and wish to go through our driver training program. In addition to this section being filled out, you **must** also submit a 5-year driver abstract that you can obtain from any motor vehicle agency.

If you are under 18 years of age, your parents **must** sign off on the minor's permission slip selecting their choices for each category.

Once the Membership Committee has received your completed application you will be contacted to schedule an interview. Applicants under 18 years of age will be required to bring a parent or legal guardian to the interview.

If you have any questions, please contact us at 201-337-7385.

John Robert Walker Memorial

Oakland First Aid Squad, Inc.

Membership Application

Personal Information:

Name:		Date:		
Address:		Years Lived In:		
		Age	DOB:	
Home Phone:		Sex: (circle)	Male	Female
Cell Phone:		E-Mail:		
Social Security:				

Emergency Contact Information:

Name:		Relationship
Address		Home Telephone:
		Work Telephone:

Education and Military Service:

High School:	Yrs. Attended:	Yr. Graduated:		
College:	Yrs. Attended:	Degree(s):		
Military Branch:	Yrs Served:	Active Reserve:	Yes	No

Personal References:

Please provide three personal references and include all information requested:		
Name:		Yrs. Known:
Telephone #:		
Name:		Yrs. Known:
Telephone #:		
Name:		Yrs. Known:
Telephone #:		

Certifications:

List all current certifications, expiration dates, and where you are certified: (Example: EMT-B, 09/30/2016, State)		
Certification:	Expiration:	State

Previous First Responder / EMT Experience, Former Squad Membership:

Squad Name:	Dates:
Reason for Leaving:	
Squad Name:	Dates:
Reason for Leaving:	

Miscellaneous Information:

Do you have any physical restrictions? If so, please explain	
Do you feel these restrictions may hinder or prevent you from performing the duties for which you may undergo?	
Have you ever been convicted of a criminal offense? If so, what, when and where was the offense?	
Do you have a valid New Jersey drivers' license?	
License #:	Expiration:

Miscellaneous Information (cont'd):

When are you available for ambulance duty (write in hours available):	
Monday:	Saturday:
Tuesday:	Sunday:
Wednesday:	
Thursday:	
Friday:	

If you need more space for answering the above questions, please use the lines below:

I hereby certify that, to the best of my knowledge, the information given here is true. I also understand that by signing below, I am consenting to the Oakland Police Department performing a criminal background check on me (with the results being kept private to the extent that the Police Department will only tell the Membership Committee whether or not I should be considered eligible to become a member), and that I am agreeing to allow one member of the Membership Committee to obtain a copy of my drivers' license abstract from the NJMVC so as to ascertain that the statements made by me are true. I further agree that if accepted as a member of the Oakland First Aid Squad, I will abide by the oath of Membership, the Constitution and By-Laws and the Rules and Regulations thereof. I also understand that any misstatement I have made in the above information is cause for rejection of my application by the Membership Committee for Membership on the Oakland First Aid Squad.

X:	X:
Signature of Applicant	**Signature of Witness**
Date	**Print Name of Witness**

John Robert Walker Memorial

Oakland First Aid Squad, Inc.

DRIVER APPLICATION

Name: _____

1. Do you hold a valid Driver's License? ❑ YES ❑ NO

Driver's License # : _____
Expiration Date : _____
Endorsements : ❑ CDL ❑ Air Brakes ❑ Hazmat ❑ Tractor - Trailer ❑ Passenger
Home Address : _____

2. Do you have any restrictions on your license? ❑ YES ❑ NO

If so, please describe: _____

Do you wear corrective lenses while driving? ❑ YES ❑ NO

3. Have you had any previous experience driving or operating an Emergency Vehicle?

Department Type of Vehicle Date:

_____

_____

4. Have you had any previous driving violations? (Accidents or Moving Violations Only)

❑ YES ❑ NO

If yes, please describe:

_____

_____

By signing this statement, the undersigned Driver applicant, affirms that they have provided true and accurate information in this application to the best of their abilities. If the applicant has not made progress in a 90 day period, the applicant will be labeled inactive and must meet with the DTC to reactivate the file. The undersigned understands that if they are placed into the inactive pool, partial or complete remediation may be required.

Driver Applicant: _____ DATE: _____

Signature of DTC: _____ DATE: _____

John Robert Walker Memorial

Oakland First Aid Squad, Inc.

HEALTH ASSESSMENT

Date: _____

Name: _____ DOB: _____

Address: _____ Sex: ❑ Male ❑ Female

_____

The above named person has applied to be a member of the Oakland First Aid Squad as an EMT and/or emergency driver. Their responsibilities include emergency vehicle operation; carrying, lifting or moving patients; carrying equipment and stretchers; operating in stressful situations and potentially coming in contact with patients who have contagious diseases.

Health Provider Statement: "I performed a medical examination on the above named patient and found, to the best of my knowledge, him/her to be free of physical or mental impairments that might interfere with the performance of his/her duties or would impose potential risk to patients or other personnel."

❑ Approved to fulfill the duties as a member of the Oakland First Aid Squad.

❑ **NOT** approved to fulfill the duties as a member of the Oakland First Aid Squad.

Reason for Disapproval: _____

_____

Examination Date: _____

Signature of Examining Physician: _____

License Number: _____

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MINOR'S PERMISSION FORM

Must be completed for all applicants under 18 years of age

My Son or Daughter, _____, has my permission to ride with the Oakland First Aid Squad under the following situations:

(Check those that apply)

❑ After 11:00 PM at night

❑ On psychological/behavioral calls

❑ On maternity calls

While your primary goal is to keep the crewmembers safe, we understand that there are times when the ambulance is dispatched to situations that may pose a risk to the crew and the potential for injury or illness is present on all calls.

_____

Parent/Guardian

_____

Parent/Guardian

Dated: _____

John Robert Walker Memorial
Oakland First Aid Squad, Inc.
285 Ramapo Valley Road, P.O. Box 5, Oakland, NJ 07436

Date: _____

RE: Oakland First Aid Squad SBI CCH Background Check Authorization Form

Phyllis Rios
Oakland Police Department
295 Ramapo Valley Road
Oakland, NJ 07436

Dear Phyllis Rios:

The Oakland First Aid Squad has recently reviewed the application of _____ for membership to our organization. Before we can officially allow this applicant to become a full member of our squad, we request your department to perform a State Bureau of Identification Computerized Criminal History background check. Please let this letter serve as formal authorization to perform this background check for the above named individual. Your assistance in this matter is greatly appreciated.

Thank You,

Membership Committee
Oakland First Aid Squad

OAKLAND FIRST AID SQUAD APPLICANT

Information for Applicant Fingerprints:
Please print clearly.

Name: (Last)_____ (First)_____ (Middle)_____

U.S. Citizen: (Yes/No)_____ Date of Birth:_____

Place of Birth:_____ Sex: (M/F)_____ Race:_____

Height: _____ft._____in. Weight: _____lbs. Hair:_____ Eyes:_____

Social Security #: _____ Drivers License State/#:_____

Address: _____

Maiden Name if applicable:_____

Scars/Tattoos: _____

Occupation: _____

Employer: _____

Address: _____