

# NORWOOD EMERGENCY MEDICAL SERVICES

NORWOOD VOLUNTEER AMBULANCE CORPS, INC.

## Membership Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone - Day \_\_\_\_\_

Address \_\_\_\_\_

Phone - Night \_\_\_\_\_

City \_\_\_\_\_

Social Security \_\_\_\_\_

State \_\_\_\_\_

Driver's License \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_

Availability for Duty  Night (19:00 - 07:00)  Day (07:00 - 19:00)  Mon  Tues  Wed  Thur  Fri  Sat  Sun

Previous EMS Experience, if any (list agencies and dates of service) \_\_\_\_\_

### Current Certifications (Attach copies of cards)

It is understood that if I am elected to the Norwood Volunteer Ambulance Corps (Corps), I will serve according to the Constitution and by-laws of the Organization and under the direction of the duly elected and appointed officers of the Corps. I also agree that all property loaned to me for use or temporarily in my custody or care, is to be returned immediately to the Organization if I cease to be a member of the Corps.

I agree to take the required courses to become certified according to the standards of the Corps, the State of New Jersey, and the New Jersey State First Aid Council for my classification of membership, within one year of my becoming a member. While these courses may not be convenient to take, the Corps expects these requirements to be completed as soon as possible. I realize that if the Corps has no evidence of good faith on my behalf in attempting to receive the required certification, it will be cause for termination of my membership.

I understand that the calls that the Corps responds to involve people whose privacy deserves to be protected and so acknowledge that information regarding a call is considered confidential and should not be discussed with people that are not members of the Corps.

I know that the Corps will have my Driver's License record reviewed from time to time and agree to allow this to occur.

I agree to provide the Corps with a physician's certification that I am physically capable of performing the duties of a Corps member. The Corps will make arrangements for this physical if I so desire.

### I have read and agree to the terms and conditions stated above

Signed \_\_\_\_\_ Date \_\_\_\_\_

#### For Minors

I am the legal parent / guardian of the person completing this membership application to join the Norwood Volunteer Ambulance Corps. I hereby give permission for this applicant to partake in the activity of the Corps which will include training covering all aspects of emergency medical care and the rendering of care to persons that request the service of the Corps.

Signed \_\_\_\_\_ Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

#### For Internal Use Only

Classification:  EMT-D  EMT  First Responder-D  First Responder  Driver  Administrative

Approval: \_\_\_\_\_ Date: \_\_\_\_\_