



HAWORTH VOLUNTEER AMBULANCE CORPS, INC.
P.O. BOX 263 · 271 PARK STREET · HAWORTH, NJ 07641

Dear Haworth Volunteer Ambulance Corps Applicant,

Thank you for your interest in considering to serve your neighbors here in HAWORTH as a member of the HAWORTH Volunteer Ambulance Corps. We are a complete volunteer organization; no member is paid for services or time. We operate with income from two sources: (1) Donations of residents and businesses and a donation from the Borough of HAWORTH. We responded to roughly 400 medical emergencies in HAWORTH and surrounding towns.

This **Applicant Packet** includes document the following documents for membership:

- Application for Membership (including Parental Approval for Minors)
- Physical Examination Record (to be completed by a MD/DO)
- Hepatitis B Declination Form

Please review the documents carefully. If you have any questions, please do not hesitate to contact us.

The following is a link to the Bergen County EMS Training Center in Paramus: <http://www.bergen.org/EMS/> with information to register for EMT school. You **MUST** have a professional level CPR card before registering. EMT school lasts approximately 380 hours.

We will be happy to assist you and look forward to meeting with you in the near future.

Again, thank you for your interest.

HAWORTH Volunteer Ambulance Corps

Contact us at:

Website: <https://www.haworthnj.org/ambulance>

Email: haworthvac@verizon.net

or

201-384-9575

Leave a message and we will get back to you!!!

- 1) **Application / Authorization to Release Information**
 - A) Complete and sign the application.
 - B) Carefully read and sign the Authorization to Release Information form. We will conduct a Motor Vehicle, background and criminal check.
 - C) Provide copies of any current certifications: CPR **(must be BLS for Health Care Provider certification)**, NJ EMT or NREMT, with your application submission.
 - D) **Application MUST be notarized by a notary public.**

- 2) **References (ONLY if coming from another organization)**

If you have been a member of any other Emergency Medical Service or Fire Department, volunteer or paid, please provide a letter of reference from the current or most recent Captain or Chief. The letter must state that you left, or are currently, in good standing with that organization.

- 3) **Physical Examination**

To ensure that you are physically able to perform the volunteer work you are seeking, you must provide a completed Physical Examination form completed and signed by a practicing Physician. Schedule your appointment at your convenience. **(Please ensure that your M.D. has circled "IS" or "IS NOT" approved)**, and return the signed **Physical Examination Record** to us. If you want to be reimbursed for the cost of the physical exam, please provide us with a receipt after your successful completion of your EMT course and/or probationary period.

- 4) **CPR Certification**

Obtain CPR Certification that is equal to the American Heart Association's **CPR for Healthcare Providers.** This certification must be completed prior to attending EMT class. We can provide CPR training.

- 5) **Approval**

After successfully completing and submitting the application packet, it will be reviewed by the Officers. If approved, you will be contacted by the Chief to arrange for training and Duty crew schedule (if applicable).

Name: _____ Date of Birth: _____

Age: 16-17 or 18-20 or 21+

Address: _____ Email Address: _____

Town: _____ Home Phone #: _____ Cell Phone #: _____

Our typical shifts:

Days 7:00 am – 7:00 pm and Nights 7:00 pm – 7:00 am (or partial shift during those times)

Please note times available to volunteer for duty.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Have you ever been convicted of a crime? Y _____ N _____

If so, please describe the nature of the offense(s): _____

Are you physically able to perform the duties of an ambulance corps member? Y _____ N _____

If no, please explain. _____

Do you have any experience as an EMT, Police Officer, or Firefighter? Y _____ N _____

If yes, please list all prior police, fire or EMS affiliations and note years of service. **If you have been a member of a Fire or EMS organization, please include a letter of recommendation from the Senior Line Officer of that organization with this application.**

1. _____ From: ____/____/____ To: ____/____/____

2. _____ From: ____/____/____ To: ____/____/____

What sparked your interest in volunteering with the DVAC?

- Current member: Please provide member name: _____
- Newspaper Article CPR Class Facebook Page HAWORTH Day Fund drive Letter
- Signs in town Ambulance in town Word of mouth VolunteerEMS.com

If you are currently enrolled or plan to enroll in college or trade school, indicate what months of the year you are UNAVAILABLE.

I certify that the information provided in this application is true and complete to the best of my knowledge and understand that falsification of any information is grounds for rejection of my application or immediate dismissal.

Signature

____/____/____
Date

Public Notary Stamp

I agree to permit further investigation as to my qualifications and background for the purposes of establishing and verifying my eligibility for membership. I also understand that the physical examination by the Primary Care Doctor determines my fitness to serve as a member. (Doctor Physical Form Attached)

I hereby release the HAWORTH Volunteer Ambulance Corps and the Borough of HAWORTH from all claims of any nature, whether at law or in equity, which I might have with respect to such an investigation.

Further, for and in consideration of being considered for membership, I covenant and agree to refrain from instituting any suit against the HAWORTH Volunteer Ambulance Corps and the Borough of HAWORTH which might in any way arise as a result of this right of investigation and waiver with respect thereto.

Additionally, I do hereby give the Chief, HAWORTH Police Department permission to obtain a Division of Motor Vehicle computer abstract of my driving record and a computer abstract of my criminal record. This information may only be given to the President and Captain, HAWORTH Volunteer Ambulance Corps. (Should the applicant not have a Driver's License, they will be exempt).

Signature

Social Security Number

Telephone Number

Date

Driver's License Number

PARENTAL APPROVAL FOR MINORS

I/We, _____, the parent / parents / guardian of _____ do hereby give her/him our permission to become a member of the HAWORTH Volunteer Ambulance Corps.

Parent/Guardian (if the Member above is a minor)

Committee comments:

Committee Recommendation:

Committee Approval for applicant to be brought to the meeting for membership

Committee Denies Application (Elaborate Below)

RECRUITING COMMENTS AND APPROVAL OR DENIAL

This application is approved / denied by the Recruiting Committee at the meeting held on

Membership type: _____ Probationary
_____ Youth Squad (16-17) (No current certifications)

_____ EMT/Probationary _____ EMR / Probationary
(CPR) (Ambulance Operations Course and CPR)

_____ Denied Membership (See above)

Hepatitis-B Inoculation Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis-B virus (HBV) Infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine, at no charge to myself.

However, I decline Hepatitis-B vaccination currently. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis-B vaccine, I can receive the vaccination series at no charge to me.

Already have Hep B Vaccination and will provide copies to the organization as soon as possible.

Volunteer Name (printed)

Parent Name (For Minors Only)

Signature

Signature

Date

Date

PHYSICAL EXAMINATION RECORD

HAWORTH VOLUNTEER AMBULANCE CORPS, INC

This form is to be filled out by a practicing physician in the state of New Jersey.

Upon completion of the physical examination, this confidential form must be returned to HVAC and shall become a part of the applicant's permanent file.

Patient's Name: _____ Date of Birth: _____

Height: _____ Weight (lbs.): _____

Eyesight: _____ Hearing: _____

Blood Pressure: _____ / _____ Pulse: _____

Does the applicant suffer from any disabilities in any of the following? (circle problematic)

Heart Lungs Joints Arms Legs Feet Hands Hernia Back

No: _____ If yes, please explain: _____

Has the applicant suffered an injury or had any surgery that may affect his/her performance of duty?

No: _____ If yes, please explain: _____

Is the applicant taking any prescription medications that may affect his/her performance of duty?

No: _____ If yes, please provide details: _____

Hepatitis-B Inoculation Record (Dates)

First _____ Second _____ Third _____

I hereby certify that I am a practicing physician in the State of New Jersey and that this applicant IS / IS NOT (circle one) physically capable of performing the duties of a member of the HAWORTH Volunteer Ambulance Corps, Inc.

Reason for rejection or additional comments: _____

Print Name of physician: _____

Physician Signature: _____

Telephone: _____ Date of Examination: _____