

WESTFIELD VOLUNTEER RESCUE SQUAD, INC.

Emergency Medical Service

335 WATTERSON STREET - P.O. BOX 356
WESTFIELD, NEW JERSEY 07091 - 0356

phone: 1.908.233.2500

email: wvrs@WestfieldRescueSquad.org

website: westfieldrescuesquad.org

Dear Prospective Westfield Volunteer Rescue Squad Member,

Thank you for your interest in our organization.

This package contains all the material required for the first step in applying for membership (fact sheet, membership application, and four additional forms to complete and sign).

Please read all the documents carefully, complete, and sign the membership application and each form. We cannot process your application unless **all** the enclosed documents are completed, signed and returned to us.

We ask that you **retain the two-page fact sheet** for your reference and become familiar with it.

Please enclose the completed documents in the rescue squad envelope provided and return the package to the rescue squad building located at, 335 Watterson St., Westfield. If, for some reason, you are unable to deliver this package, you may mail the envelope to Westfield Volunteer Rescue Squad, P.O. Box 356 Westfield NJ, 07091- 0356. Please make sure to put appropriate postage on the envelope.

Upon receipt of the forms, we will immediately begin processing them. The first item to be addressed is obtaining an abstract of your driving record. As soon as that is received, we will be in touch with you by telephone to schedule a personal interview.

If, in the meantime, you have any questions, please call the building and leave a message for the Membership Committee. One of the members will respond as quickly as possible.

We look forward to receiving your application.

Very truly yours,

Membership Committee

Enclosures

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MEMBERSHIP APPLICATION

Please print or type

NAME: _____
Last Name First Name Middle Name

RESIDENCE: _____
Street Address Town State Zip

MAILING ADDRESS _____
If different from above Street Address Town State Zip

PHONE (Home): _____ (Business): _____ (Cell) _____

OCCUPATION: _____ EMPLOYER: _____

DATE OF BIRTH: ___ / ___ / ___ SOC. SEC.# : _____ HEIGHT: _____ WEIGHT: _____

DRIVER'S LICENSE # : _____ Email: _____ @ _____

PLEASE COMPLETE THE FOLLOWING:

1. Have you had any traffic violations, other than parking, in the past 3 years? Yes: ___ No: ___

Describe date, place and type of violations if any: _____

2. Have you ever been, or are you a member of any other Emergency Medical Service, paid or volunteer? _____

Name of organization: _____
Address Phone

3. What prompted you to join the Westfield Volunteer Rescue Squad? _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT OF INTENT:

I hereby apply for membership in the Westfield Volunteer., Rescue Squad, Inc. If accepted, I agree to volunteer my services without financial remuneration being diligent, prompt and regular in the performance of my assigned duties and following all regulations.

I will not partake of nor consume alcoholic beverages for eight hours prior to or while on duty.

I understand that my membership may be rejected if I have intentionally made a false statement of fact or practices, or attempted to practice any deception or fraud in this application.

Signed: _____ Date: _____ Parent or Guardian if under 18: _____

Please check the duty period(s) for which you are available:

Weekdays 9 AM - 1 PM _____ Weekdays 1 PM - 5 PM _____

Nights 6 PM - 8 AM _____

Weekends 8 AM - 1 PM _____ Weekends 1 PM - 6 PM _____

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INFORMATION TO BE FILLED IN BY MEMBERSHIP COMMITTEE

Application received by: _____ Date: _____
(Membership Chairperson)

Interview date: _____

Driver's Lic. Approved (Date): _____

Medical Exam Approved (Date): _____

EMS Certifications: _____ (Dates of expiration): _____ (Attach copies of cards)

EMT- B _____

CPR: AHA BLS Health Care Provider _____

ARC CPR for the Professional Rescuer _____

OTHER: _____

DRIVING CERTIFICATIONS:

Defensive Driving (Date Issued): _____

CEVO (Date of Expiration: _____

EVOC (Date of Expiration: _____

PROBATIONARY PERIOD STARTED (DATE): _____

REMARKS:

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APPLICANT'S RELEASE TO OBTAIN MEDICAL RECORDS

Date _____

TO: _____

RE: _____
(Name)

(Street Address)

(City, State & Zip Code)

(Date of Birth)

You are hereby requested and authorized to disclose, make available, release and furnish to:

Westfield Volunteer Rescue Squad, Inc.
P O Box 356
Westfield NJ 07090-0356
1.908.233.2500

all information, records, x-rays, reports or copies thereof relating to my medical history including any psychiatric, drug and/or alcoholic information, if applicable.

(Signature) _____

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DISCLOSURE AND RELEASE

In connection with my application for membership or employment (including contract for services) with the WESTFIELD VOUNTEER RESCUE SQUAD, I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

Print Name _____
Social Security Number

Signature _____
Date

Driver License Number New Jersey

State

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I, _____,
(Please Print Name)

understand that within 2 weeks of my second interview with the Westfield Volunteer Rescue Squad, I must schedule a complete physical examination by the Westfield Volunteer Rescue Squad doctor. Failure to do so will void my eligibility for membership.

I understand that I must start my duty period within one month after being contacted by the Scheduling Lieutenant. Failure to do so will void my membership, and I will be billed and obligated to pay for my physical exam.

I understand that I should take the first available EMT course; but if I cannot, I will take the next course available.

I understand I must obtain certification in AHA CPR for the Health Care Provider or ARC [CPR for the Professional Rescuer](#) within six weeks of joining the Westfield Volunteer Rescue Squad.

(Signature) _____

Date _____

Witness _____

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I acknowledge receipt of a 2-page Westfield Volunteer Rescue Squad Fact Sheet.

I also acknowledge that I understand the contents and am able to comply with the requirements and rules and regulations outlined therein.

(Signature)

(Address)

(Date)

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WESTFIELD VOLUNTEER RESCUE SQUAD FACT SHEET

WHO WE ARE

The WVRS is the designated emergency medical service (EMS) for the Town of Westfield. It is a self-governing, volunteer staffed organization separate and apart from the municipal government, although it does work closely with the Town's paid police and fire organizations.

The Squad is financially independent from the Town of Westfield, and receives its entire operational budget from tax deductible contributions from the community.

The WVRS maintains a headquarters facility centrally located at Watterson Street, near the South Avenue traffic circle, from which it operates three ambulances. In addition to ambulance bays, the facilities include operations, dispatch, meeting, office, and recreation rooms, as well as a duty crew dormitory and tenant apartment.

Our members consist of "riding" members, either full "Regular Members" who have completed training as emergency medical technicians - Basic (EMT-B), or "Probationary Members", who are still in training or performing under supervision of regular members. Others are "Associate Members," who serve as volunteer dispatchers or perform administrative tasks for the WVRS.

While most volunteers live or work within Westfield, there is no residency requirement. Members come from varied occupational and educational backgrounds, and ages range from high school through retirement.

WHAT IS EXPECTED OF YOU

Duty crew riding members (divided into morning, afternoon, and night shifts) perform their duty periods at the headquarters. They are dispatched directly from the Squad headquarters by volunteer dispatchers. By being a "resident squad", the WVRS is thus able to significantly reduce its average response time.

To become a riding member you must possess a valid New Jersey driver's license and be capable of performing the job responsibilities of an emergency medical technician. This requires certain physical capabilities, such as the ability to lift equipment and stretchers with patients on them, and to drive under hazardous conditions, mental capability to meet and maintain training levels, and emotional capability to deal with often stressful situations.

Applicants for riding membership must be capable of completing classroom work at the beginning college level. Initial EMT training is the equivalent of a three or four credit one semester college course.

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EMT training is offered locally by The Westfield Volunteer Rescue Squad, Union County College, or MONOC. An EMT-B must re-certify every three years, by completing successfully a refresher course and by obtaining continuing education credits.

An EMT-B must also obtain and re-certify in the cardiopulmonary resuscitation (CPR) course for professional health care providers. This course is offered periodically by local hospital affiliated instructors at the WVRS building specifically for squad members.

The squad offers in-house training sessions, and publicizes other courses available through other squads or local hospitals. A probationary member's duty crew will familiarize the new member with squad specific protocols and assist him or her in practical application of EMT classroom training, while certain procedures will be explained by specific squad training personnel, all overseen by the squad's training officer, who follows a checklist to insure each probationary becomes fully familiar with all squad equipment and its use.

A probationary member is expected to pull one duty period a week. Night time duty periods start at 6:00 PM and run through at least 6:00 AM. Weekday duty periods are 9:00 A.M. to 1:00 P.M., and 1:00 P.M. to 5:00 P.M.; weekends are 8:00 A.M. to 1:00 P.M., and 1:00 P.M. to 6:00 P.M.

Additionally, all members are expected to abide by squad rules and regulations. These range from those requiring adherence to specific squad call protocols and maintaining patient confidentiality to "housekeeping". Probationaries are subject to immediate dismissal if they discuss confidential calls outside the building or if they are seen wearing any part of their uniform while not on duty.

WHAT HAPPENS NEXT

After completing the membership application forms in this packet and returning them to the Squad building, your driving record is reviewed.

If satisfactory, you will be interviewed by the squad's membership committee, and undergo an examination by the squad's physician.

While the WVRS adheres to a policy of non-discrimination in its selection process, it otherwise retains the right to determine, at its sole discretion, whether an applicant would be capable of performing squad duties, and thus acceptable for membership.