



ARBOR RESCUE SQUAD
1790 WEST 7TH ST., PISCATAWAY, NJ 08854
(732) 968-6458
ARBORRESCUE.ORG

Dear Arbor Rescue Squad Applicant:

Thank you for your interest in joining our organization and wanting to make a difference in the community. We are a completely independent non-municipal non-profit volunteer emergency medical service for the Township of Piscataway and its surround communities. We are the oldest incorporated rescue squad in Middlesex County and the third in the state, fifth in the nation. We came into being in April of 1931 after a young brother and sister drowned near what is now New Market Pond. For 86 years we have kept true to our mission statement of providing quality and professional medical services to all who need our help in their times of need. We also made history by being the first volunteer rescue squad to use backboards, and had the first out of hospital open heart massage that was successful in the back of our 1976 Cadillac Ambulance.

Application (Phase 1): Please read all documents carefully, complete Pages 4 - 6 in their entirety and return them by mail to the address above or drop off your application in an envelope marked "ATTN: Membership Committee" in our white mail box located at the front of the building between the front glass door and first ambulance bay door. For any questions about the application please call (732) 968-6458 or (732) 956-4141 and leave a message for the Membership Committee.

Interview (Phase 2): Upon receipt of your completed application the Membership Committee will arrange an interview at our facility. You will then receive our admissions paperwork and a form to have a physical performed by MediMerge in Green Brook. Once both the admission paperwork and physical form have been completed, return both documents and two (2) US Dollars in an envelope address to the Membership Committee as you did prior for you initial application.

Instatement (Phase 3): Upon receipt of you admissions paperwork the Membership Committee will review all documents (application, admissions, physical and background check) and inform you of their decision regarding your acceptance into the organization.

What will be expected of you?

Weekly Shift Duties:

As a new member of the Arbor Rescue Squad you will have to go through orientation, CPR training, and be assigned a duty shift. CPR training is done in house at severely reduced cost. Once assigned a duty shift, you own it. You are expected to report for duty every week for your 12-hour shift (1800 Hours – 0600 Hours). If you so desire and space is available, you may also have multiple duty shifts. Duty shifts require coverage as we provide lifesaving medical aid. You will also be required to purchase non-transferable duty materials such as pants and boots. The styles and color of which will be discussed at your interview.

You will be expected to follow all protocols, policies, and procedures outlined in State Regulations, Captain's Operating Manual (COM), Squad Constitution and By-Laws. This includes driving your vehicle when responding to calls in a manner obeying all rules of the road, responding to the building within five (5) minutes, completing a Shift Check every duty period and any other assigned tasks. For those that live outside of a five (5) minute response area to our building, you will be required to stay at the building. We have dedicated sleeping areas available.

Activity/Event/Fundraising Participation:

You will also be expected to participate in various squad functions such as periodic fundraising events, maintenance of the building and grounds, special events, training, and monthly meetings (2nd Monday of each month at 7:30pm, except July and August). You are only allowed to have three unexcused absences from our monthly meetings, making the requirement 70% attendance unless you provide a reason prior to the meeting. You will also have mandatory rotating work details on your duty night which will earn you membership hours.

Progression & Reviews:

Within your one (1) year probationary status you will undergo multiple reviews to assess your progression and help to resolve any possible concerns. Also you will be required to sign up and enter into an EMT Course and complete it (completion can occur after your year of probation). You may pay for the EMT course yourself at any time or after a period of good conduct the squad will offer you to enter into a length of service reimbursement contract. Finally, every member probationary or regular is required to achieve one hundred (100) hours of squad related participation per calendar year. Hours are accrued doing everything except riding and do add up fast if you're an active member.

In summery you are expected to accomplish the following items as a Probationary Member:

- Serve one (1) complete year on Probationary Status in Good Standing
- Accrue 100 hours of Member Participation Hours within one (1) year
- Ride 90% of your Duty Shifts
- Attend at least 70% of the Monthly Meetings (unless excused)
- Attend at least 80% of Training Drills
- Enter into an EMT course (Completion can occur after your year, but advancement depends on certification)

Required Functions & Abilities of Membership:

- Adhere to organizations policies, including patient privacy policies
- Ability to establish rapport with a patient
- Ability to safely drive an emergency vehicle with care and caution
- Ability to work harmoniously with others
- Ability to determine the nature and extent of injury and provide emergency medical treatment
- Ability to administer first aid, CPR, and other emergency medical care
- Ability to prioritize emergency medical treatment needs
- Ability to read, write, speak, understand, or communicate in English sufficiently to perform required duties
- Ability to discern street signs and address numbers
- Ability to interview patient, family members, and bystanders
- Ability to use good judgment and remain calm in high-stress situations
- Ability to be unaffected by loud noises and flashing lights
- Able to safely wear blood substance isolation devices and equipment (e.g. gloves, mask etc.)
- Able to work outdoors or under extreme weather conditions (e.g. storms, snow etc.)
- Ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance)

Persons with mental or physical disabilities are eligible as long as they can perform essential functions of the job after reasonable accommodation are made to their known limitations. If the accommodation cannot be made it would cause the employer undue hardship, and thus such persons may not be eligible.

MEMBERSHIP APPLICATION

Please print or type CLEARLY

NAME: _____ Sex: M / F
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): _____ (Cell) _____

DATE OF BIRTH: ____/____/____ AGE: ____ SOC. SEC. #: _____

NJ DRIVER'S LICENSE # : _____

List Any License Restrictions (ex. Corrective Lenses) or Endorsements (ex. Boat, CDL): _____

Email _____@_____

Are You Currently Certified as an EMT _____ Healthcare Level CPR _____ First Aid _____ (Provide Photocopies)

Have you ever been a past member of this rescue squad or any other EMS/Fire Dept.? If so explain the reasons for leaving or dismissal. _____

Do you have any relation to or in a relationship with anyone currently on this rescue squad? If so explain.

What is your reason(s) for joining this rescue squad (Beyond wanting to help people)? _____

What are your expectations as a member after joining the rescue squad? _____

Name any other organizations you are a member of: _____

Any special interests or hobbies: _____

Education

High School: _____ Graduation/GED: ____/____

Vocational/Technical School: _____ (Current Student Y / N)

Major/Minor: _____ Graduation (or Expected): ____/____

College: _____ (Current Student Y / N)

Major/Minor: _____ Graduation (or Expected): ____/____

College: _____ (Current Student Y / N)

Major/Minor: _____ Graduation (or Expected): ____/____

Graduate School: _____ (Current Student Y / N)

Major/Minor: _____ Graduation (or Expected): ____/____

Work Experience

Employer & Location: _____

Start Date: ____/____ End Date (If applicable): ____/____ Job Title: _____

Reason for Leaving: _____

Employer & Location: _____

Start Date: ____/____ End Date (If applicable): ____/____ Job Title: _____

Reason for Leaving: _____

Employer & Location: _____

Start Date: ____/____ End Date (If applicable): ____/____ Job Title: _____

Reason for Leaving: _____

Military Service: Branch: _____ Rank/Position: _____

Entry: ____/____ Discharged: ____/____ Type of Discharge: _____

Expected Length of Dedicated Service on the Arbor Rescue Squad

6 Months 1 Year 2 Years 3 Years 4 Years 5+ Years

Background Questionnaire

Answer ALL of the following Questions, If you answer Yes, explain at bottom.

- Any moving violations in the Past Five (5) Years? YES / NO
- Any accidents in the Past Five (5) Years? YES / NO
- Any DUI offenses ever? YES / NO
- Has your license ever been suspended or revoked? YES / NO
- Have you ever failed a drug test? YES / NO
- Have you ever been arrested, convicted of or plead guilty to a crime or have pending criminal cases against you? YES / NO
- Do you have any medical, behavioral, psychological or physical conditions that might limit your ability to perform your duties as a member of this rescue squad? YES / NO
- Have you ever been institutionalized or treated for any psychological or behavioral conditions? YES / NO

How many Points are currently on your license? _____

Do you have any corrective devices? (Circle) Eye Glasses Contact Lenses Hearing Aids
Prosthetic / Other: _____

If you answered YES to anything above, Please Explain: _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF MEMBERSHIP.

I ALSO HEREBY AUTHORIZE AND REQUEST ANY PRESENT OR FORMER EMPLOYER, SCHOOL, LAW ENFORCEMENT AGENCY, CITY, STATE, COUNTY AND FEDERAL COURT AND AGENCY, MILITARY SERVICE OR OTHER PERSONS HAVING PERSONAL KNOWLEDGE ABOUT ME, TO FURNISH THE ARBOR RESCUE SQUAD WITH ANY AND ALL INFORMATION IN THEIR POSSESSION REGARDING ME IN CONNECTION WITH AN APPLICATION FOR EMPLOYMENT/MEMBERSHIP. I AM WILLING THAT A PHOTOCOPY OF THIS AUTHORIZATION BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL, AND I SPECIFICALLY UNDERSTAND THIS AUTHORIZATION IS TO BE PART OF THE WRITTEN EMPLOYMENT/MEMBERSHIP APPLICATION WHICH I SIGN.

THEREFORE I AUTHORIZE AND CONSENT FOR FULL RELEASE OF RECORDS (EITHER ORALLY OR IN WRITING) TO THE AUTHORIZED REPRESENTATIVES OF THE ARBOR RESCUE SQUAD. IN ADDITION, I RELEASE AND DISCHARGE THE ARBOR RESCUE SQUAD AND ITS AGENTS AND ASSOCIATES TO THE FULLEST EXTENT PERMITTED BY LAW FROM ANY CLAIMS, DAMAGES, LOSSES, LIABILITIES, COSTS, EXPENSES OR ANY OTHER CHARGE OR COMPLAINT FILED WITH ANY AGENCY ARISING FROM RETRIEVING AND REPORTING THIS INFORMATION. I UNDERSTAND THAT ACCORDING TO THE FEDERAL FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW WHETHER EMPLOYMENT/MEMBERSHIP WAS DENIED BASED UPON THE INFORMATION OBTAINED AND TO RECEIVE UPON WRITTEN REQUEST, A DISCLOSURE OF THE BACKGROUND REPORT.

Application's Name (Print): _____

Application's Signature: _____ Date: _____