



SCOTCH PLAINS RESCUE SQUAD, INC.

A 100% Volunteer Emergency Medical Service

1916 Bartle Ave – P.O. BOX 325

Scotch Plains, NJ 07076

(908) 322-2103



Dear prospective Scotch Plains 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 three additional forms). 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 three-page fact sheet** for your reference and become familiar with it.

Please mail them to: Scotch Plains Rescue Squad, PO Box 325, Scotch Plains, NJ 07076. The other option is to scan and email the documents to membership@scotchplainsrescuesquad.com.

Upon receipt of the forms, we will immediately begin processing them. We will be then be in touch with you to schedule an in-person interview. If you are under 18, a meeting will also be scheduled with one or both parents.

If, in the meantime, you have any questions, please call us 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

MEMBERSHIP APPLICATION

A 100% VOLUNTEER ORGANIZATION. ENTIRELY FUNDED BY TAX DEDUCTIBLE CONTRIBUTIONS



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Please print or type



NAME:

Last Name First Name Middle Name Sex M / F

RESIDENCE: _____
Street Address Town State Zip

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

PHONE (Home): _____ (Cell) _____ (Cell phone provider) _____

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

Emergency Contact: _____ Phone: _____ Relationship: _____

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

Current Employer: _____ Current Job Title: _____

Employer Address: _____ Phone Number: _____

PLEASE COMPLETE THE FOLLOWING:

Have you been convicted in the last five (5) years of any traffic violations? YES NO

If yes, please give approximate year and type(s) of violation(s): _____

Have you ever applied to or been a member of an EMS organization, paid or volunteer? YES NO If yes, please list full name and address of the organization and the reason you left the organization below. From: _____ to: _____

Are you currently or have you ever been convicted of a misdemeanor or felony? YES NO

If yes, please explain: _____

Do you currently have any outstanding charges against you? YES NO

If yes, please explain: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT OF INTENT: *I hereby apply for membership in the Scotch Plains 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 PROVIDE A COPY OF YOUR NJ DRIVERS LICENSE AND ANY CERTIFICATIONS THAT YOU HAVE WITH SUBMITTED APPLICATION.

Please let us know when you are available for a 4-to-5-hour duty crew:

Days: _____ Times: _____

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INFORMATION TO BE FILLED IN BY MEMBERSHIP COMMITTEE

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

Interview date: _____

Driver's License. Approved (Date): _____

Medical Exam Approved (Date): _____

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

EMT # _____ National Registry # _____

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: _____

Membership Start Status: Cadet Member (16-17) Probationary Member (18 and Above)
Driver Only (18 and Above)

PROBATIONARY PERIOD STARTED (DATE): _____

REMARKS:

Membership Committee

Approved: _____

Declined: _____



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APPLICANT'S RELEASE TO OBTAIN MEDICAL RECORDS

Date _____

TO: _____

Leave Blank

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:

Scotch Plains Rescue Squad, Inc.
PO Box 325
Scotch Plains, NJ 07076 (908)
322-2103

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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CONSUMER DISCLOSURE AND AUTHORIZATION FORM Disclosure Regarding Background Investigation

The Scotch Plains Rescue Squad, Inc. may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Parent or Guardian if under 18: _____ Date _____

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I, _____
(Please Print Name)

Understand that within 2 weeks of my interview with the Scotch Plains Rescue Squad, I must be able to demonstrate my ability to perform the physical tasks required of an EMT (for example, being able to lift and hold up to 50 pounds for at least 10 seconds.)

I understand that I must start my duty period within two weeks after being contacted by the Line Officers.

I understand that I should take the first available EMT course (not applicable for Driver Only candidates); but if I cannot, I will take the next course available.

I understand that I must obtain certification in AHA CPR for the Health Care Provider or ARC CPR for the Professional Rescuer within ninety days of joining the Scotch Plains Rescue Squad.

Failure to do any of the above may void my membership.

Signature: _____

Date: _____

Witness: _____



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I acknowledge receipt of a 3-page Scotch Plains Rescue Squad Fact Sheet.

I acknowledge that I have received and read the anti-harassment policy. I also acknowledge that I understand that no employee, member, or third party, up to and including a line officer, has the authority to commit any harassment.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of harassment as set forth in the anti-harassment policy, including not retaliating against any employee/member exercising his or her rights under the policy.

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

(Signature) Prospective Member and Parent if under 18

(Address)

(Date)



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SCOTCH PLAINS RESCUE SQUAD FACT SHEET

WHO WE ARE

The **SCOTCH PLAINS RESCUE SQUAD, INC** is the designated emergency medical service (EMS) for the Township of Scotch Plains. It is a self-governing, volunteer-staffed organization separate, and apart from the municipal government, although it does work closely with the Townships police and fire organizations.

The Squad is financially independent from the Township of Scotch Plains and receives its entire operational budget from tax-deductible contributions from the community.

The Scotch Plains Rescue Squad maintains its headquarters facility on Bartle Ave, in the center of town, from which it operates two ambulances and a special operations vehicle. In addition to ambulance bays, the facilities include several meeting rooms, an office, and recreation rooms, as well as duty crew computers which the members can freely use. There is also a large meeting room upstairs which our members can use on a space-available basis free of charge.

Our members consist of "riding" members, either full "Regular Members" who have completed training as emergency medical technicians - Basic (EMT), or "Probationary Members", who are still in training or performing under supervision of regular members, and Driver's only

While most volunteers live or work within Scotch Plains, 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 perform their duty periods at the headquarters during their scheduled crew hours. Overnight crews and some other crews are paged out via text message or radio call.

To become a regular member, you must possess a valid non-graduated 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. You must also possess the mental capabilities to meet and maintain training levels, and emotional capabilities 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.

EMT training is offered locally by various organizations. EMTs must recertify every three years, by completing 48 continuing education credits.



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EMTs must also obtain and recertify in a cardiopulmonary resuscitation (CPR) course for professional health care providers. This course is offered periodically by local hospital affiliated instructors at the Scotch Plains Rescue Squad 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 applications of EMT classroom training. While certain procedures will be explained by specific squad training personnel, all are overseen by the squad's training officer, who follows a checklist to ensure that each probationary becomes fully familiar with all squad equipment and its use.

Additionally, all members are expected to abide by squad rules and regulations. These range from those requiring adherences to specific squad protocols and maintaining patient confidentiality to "housekeeping". Probationary members 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

Upon receipt of the forms, we will immediately begin processing them. We will be then be in touch with you to schedule an in-person interview. If you are under 18, a meeting will also be scheduled with one or both parents.

While the Scotch Plains Rescue Squad 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.

Anti-Harassment Policy

The Organization prohibits and does not tolerate sexual harassment in the workplace or during any Organization-related activity.

The Organization provides internal procedures for victims of sexual harassment to report sexual harassment and disciplinary penalties for those who commit sexual harassment.

No employee, members, third party, or line officer, no matter his or her title or position has the authority to commit or allow sexual harassment. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and any other verbal, physical, or visual conduct of a sexual nature that unreasonable interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

The Organization prohibits and does not tolerate any employee, members, line officer or visitor, male or female, to harass an employee/member or to create a hostile or intolerable working environment by exhibiting, committing, or encouraging:



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Anti-Harassment Policy (continued)

- Direct or implied threats that submission to sexual advances will be a condition of employment or continued service with the Organization.
- Sexually explicit or pornographic material such as posters, calendars, pictures or objects.
- Unwelcome advances, including, but not limited to, requests, comments or innuendoes regarding sex, sexual jokes, gestures, statements, e-mail or voicemail messages, leering or stalking.
- Physical conduct that is sexual in nature, including, but not limited to, touching, pinching, patting, brushing, massaging someone's neck or shoulders and/or pulling against another's body or clothes; and
 - Physical assaults on other employees/members, including but not limited to rape, sexual battery, or any attempt to commit such acts.

The Organization will take all allegations of sexual harassment seriously and determine what constitutes sexual harassment based on a review of the facts and circumstances of each situation. The Organization will make every effort to ensure that those named in the report or are too closely associated with those involved in the report, will not be part of the investigative team. The Organization reserves the right and provides notice that third parties may be used to investigate harassment claims.

Even conduct that is intended to be "innocent" may still constitute sexual harassment if it falls within the terms of this policy. If any member expresses concern that your behavior may be violated this policy, please respect his/her concerns. Regardless of your intent, how others interpret your behavior is important.

This policy is not meant to interfere with or discourage friendships among members. However, members must be sensitive to acts or conduct that may be considered offensive by other members.

The Organization prohibits retaliation made against any member who lodges a good faith complaint of sexual harassment, or who participates in any related investigation. The Organization recognizes that making false accusations of harassment in bad faith can have serious consequences for those who are wrongly accused. The Organization prohibits deliberately making false and/or malicious harassment allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination.

Reporting Procedure

If you are aware of sexual harassment taking place, you must immediately report to your direct supervisor. If you feel uncomfortable doing so or your direct supervisor is the source of the complaint, condones or ignores the harassment, immediately report to your supervisor's supervisor.

If neither of these alternatives is satisfactory to you, then you should immediately direct your reports to the Chief or President, or any line or administrative officer. You are not required to directly confront the person who is the source of your report before notifying any of those individuals listed. Nevertheless, you are required to make a reasonable effort to make the harassment known to the Organization.



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Medical Clearance Certification

(Fill this out when you have been instructed to do so)

Due to the nature and responsibility of the Scotch Plains Rescue Squad, personnel must possess the stamina and ability required to carry out Emergency Medical Service operations.

This requires certain physical capabilities, such as the ability to lift equipment and stretchers with patients on them, and to drive under hazardous conditions, the mental capability to meet and maintain training levels, and the emotional capability to deal with often stressful situations.

The following person has applied for membership.

Applicant/Member's Name: _____

Address: _____

Telephone: _____

Physician's Certification

I have: Reviewed the medical records of this member: Yes No

Personally, examined this member: Yes No

Remarks: _____

Please check one of the following:

In my professional medical opinion this applicant/member of the Scotch Plains Rescue Squad is medically capable of performing all tasks and physical standards without limitation and without unreasonable risk of harm to the member, and/or other members or the public.

In my professional medical opinion this applicant/member of the Scotch Plains Rescue Squad is not medically capable of performing all critical tasks and physical standards identified within this form without limitation and without unreasonable risk of harm to the member, and/or other members or the public.

Physician's Name: _____ **Signature:** _____



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Educational Authorization Form (High School Students)

Applicant Name: _____

Address: _____

Telephone: _____

The individual named above is requesting to be a member of the Scotch Plains Rescue Squad an Emergency Medical Services response team for the Township of Scotch Plains. To be a participant on this team, all school-age members are required to be in good standing within their school and maintain an academic average of C or better.

Please check one box below:

I have read the above statement and the named individual meets the qualifications.

I have read the above statement and the named individual does not meet the qualifications.

Print Name of School Counselor / Advisor _____

Signature of School Counselor / Advisor _____

Date _____

