



Hawthorne Volunteer Ambulance Corps

P.O. Box 200

Hawthorne, New Jersey 07507

(973) 427-1818

www.Hawthorneems.org

Membership Application

Personal Information

Name: _____ Nickname: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Number of years at this address: _____ Do you Own Rent Live with Family

Home Telephone: _____ Cell / Pager Number: _____

E-mail Address: _____

Work History

(Use back of page for additional employers)

Employer: _____ Job Title: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Work Shifts: Weekday Weeknight Weekend Days Weekend Nights

Work Hours: _____

May we contact your current employer? Yes No: why? _____

Background Information

Type of Driving Experience: Pleasure Car Van Straight Truck Other: _____

Driver's License Number: _____ State: _____ Exp. Date: _____

Has your driver's license ever been revoked? No Yes (give details below)

Have you ever been arrested and convicted of a crime? No Yes (give details below)

- | | |
|--|--------------|
| <input type="checkbox"/> Reckless Driving | Dates: _____ |
| <input type="checkbox"/> Speeding | Dates: _____ |
| <input type="checkbox"/> Morals Offense | Dates: _____ |
| <input type="checkbox"/> Narcotics Offense | Dates: _____ |
| <input type="checkbox"/> DWI | Dates: _____ |

Certifications / Volunteer History

- | | | |
|---------------------------------------|---|-----------------------------|
| Do you have any first aid experience? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you certified in CPR? | <input type="checkbox"/> Yes Exp. Date: _____ | <input type="checkbox"/> No |
| Are you certified as an EMT | <input type="checkbox"/> Yes Exp. Date: _____ | <input type="checkbox"/> No |

Volunteer Activities and Organizations (Use back of page for additional information):

Agency: _____

Position: _____

Dates of experience: _____

Agency/Department supervisor: _____

Special training or certifications received: _____

Restrictions that may / will affect your availability for volunteer work (family, work schedules, medical restrictions, etc.):

TIMES AVAILABLE FOR TRAINING / DUTY:

Monday	AM	PM	Hours: _____
Tuesday	AM	PM	Hours: _____
Wednesday	AM	PM	Hours: _____
Thursday	AM	PM	Hours: _____
Friday	AM	PM	Hours: _____
Saturday	AM	PM	Hours: _____
Sunday	AM	PM	Hours: _____

TIMES NOT AVAILABLE: _____

I fully understand that the acceptance of this application is in no way binding upon the Hawthorne Volunteer Ambulance Corps.

I certify that the statements made herein are the truth, as it is known to me, and I do authorize the Hawthorne Volunteer Ambulance Corps or its agents or designee's to conduct such investigation as deemed necessary.

Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE
Officers Committee Review and Investigation

Date Application Received: _____ Mail In Person Other: _____

Police Investigation Date: _____ Comments: _____

Interview Date: _____ Comments: _____

Application: Accepted at meeting of _____ Notification sent: _____ Rejected On Hold

Squad ID Number Assigned: _____ Entered By: _____

Parental Consent Form for Applicants who are Minors

To be completed by the parents or guardians of all applicants who are under 18 years of age

I / We hereby grant permission for our son / daughter to participate in the Hawthorne Volunteer Ambulance Corps. Permission includes but is not limited to participation in all duties, functions and activities required by the youth squad membership classification.

I / We have read the youth squad requirements outlined by the By-Laws of the Hawthorne Volunteer Ambulance Corps and hereby accept them in their entirety.

(Print name of Applicant)

(Signature of Parent of Guardian)

(Date)

(Print Name of Parent or Guardian signing above)

(Signature of 2nd parent or Guardian) Optional

(Date)

(Print name of Parent of Guardian signing above)

Security Check Authorization

To: Hawthorne Police Department

I have applied for a volunteer participation, and for the purposes of such application, do hereby authorize the release of any criminal history, motor vehicle or other type of record / information maintained or available to your agency, for the stated purpose of the Hawthorne Volunteer Ambulance Corps. Information released as a result of this authorization shall be used for the express purpose of processing the indicated applicant.

(Signature of applicant)

(Date)

(Print name of Applicant)

Investigation Date:_____

Hawthorne Police officer:_____

Medical Release Form

_____ has made application to the Hawthorne Volunteer Ambulance Corps. to become a Corp member. This involves first aid training, performance, driving of an emergency vehicle, stressful situations, lifting of patients, stretchers and equipment.

We ask that you supply current medical information as well as some past medical history concerning the above named applicant. This will assist us in determining if the applicant would be able to successfully perform all the duties of a Corps member.

History:

1. Previous Hospitalizations and Operations:

Dates: _____ Where: _____

Reason: _____

Family History: (Heart Disease, Hypertension, Diabetic)

2. Disabilities: _____

3. Physical Impairments / Limitations: _____

4. Allergies: _____

5. Medications: _____

Physical Exam:

1. Height: _____ Weight: _____ B.P.: _____ Pulse: _____

2. EKG Date: _____ Normal Abnormal

3. Spinal Exam Normal Abnormal Range of Motion _____

4. Motion Sickness Yes No

5. Abnormal Test Results: _____

6. Other: _____

7. Last Physical Exam: Date: _____ Comments: _____

8. Recommendations: _____

9. Immunizations (Tetanus, Hep B) _____

Do you feel that this applicant can physically and mentally perform as an Ambulance Corps Member? Yes No

Physician's Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone Number: _____

License Number: _____ State of License: _____

Physicians Signature: _____ Date: _____