



The Pattenburg Rescue Squad Inc.
590 County Route 614, NJ 08802
Phone: (908) 730-9298
Officers@pattenburgrescue.org

Application for Membership

Directions

1. Fill out attached forms.

Fill in all information/ questions completely, print legibly in ink or use a computer. All questions must be answered completely and truthfully. An incomplete application or any misrepresentation is cause for rejection. Please use the back of this form if additional space is needed.

2. Submit application with letter(s) of reference.

- Scan and email to officers@pattenburgrescue.org
- Drop in mailbox outside of our buildings or,
- Mail to: Pattenburg Rescue Squad
Attn: PRS Officers
590 County Route 614
Asbury, NJ 08802

After receiving your complete application, the PRS Officers will set up an interview with you. At the interview, duty requirements and other specifics will be discussed in detail. If you have any questions, feel free to contact us by emailing or calling the station at 908-730-9298 and leaving a message. We will return your call as soon as possible.

Thank you for your interest in membership, we look forward to serving with you!

Mark or Circle Position Applying For:

_____ Volunteer Staff

_____ Career (Paid) Staff

_____ Cadet Program

Application for Membership

**THE PATTENBURG RESCUE SQUAD, INC. IS AN EQUAL OPPORTUNITY EMPLOYER
AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, AGE, COLOR, SEX, OR RELIGION .**

The Pattenburg Rescue Squad Inc.

590 County Route 614, NJ 08802

Phone: (908) 730-9298

Applicant Name (First, Last, MI): _____

Street Address: _____

Mailing Address (if different from street): _____

Town: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Best Time to Contact: _____ AM / PM

Date of Birth: ____/____/____

Personal Email: _____

1. Yes / No Are you either a U.S. Citizen or an alien authorized to work in the U.S.?

2. Yes / No Do you currently hold a New Jersey / National Registry or Out of State EMT Certification. If out of State, what State: _____

3. Yes / No Are you currently or have you ever served in the U.S. Military?
(If so please provide details; Branch, Years of Service, Discharge Status)

4. Yes / No Have you ever been subject to limitation, suspension or termination of your right to practice in a healthcare occupation or voluntarily surrender a healthcare licensure in any state or agency authorizing the legal right to work? (If so please explain)

5. Yes / No Have you ever been convicted of a criminal offense, misdemeanor or felony?
(If so please explain including nature of offense, date and disposition of incident)

6. Yes / No Have you any medical conditions and/or mental/physical disabilities or limitations that would impair or restrict you from performing the duties of an emergency care provider? (If so, please explain.)

7. What is your highest level of education?

- Masters
- Bachelors
- Associates
- High School Graduate or GED
- Some High School
- Other / Please explain
- Plan on Continuing Yes / No

8. Do you currently hold a valid Driver's License? Yes / No If so, in what state?: _____

9. Date of Last Moving Violation (If any): ____/____/____ Current Point Total: _____

10. Yes / No Have you been involved in a motor vehicle accident in the past three years?
(If so please explain)

11. Yes / No Are you committed to maintaining your certifications as well as fulfilling the obligations required of you for duty?

12. Yes / No Are you committed to attending all required meetings and drills?

Employment History

List employment history below beginning with the most recent/current employer first. Include summer or temporary jobs. Attach extra sheets if necessary. By listing employers, the applicant gives the right for PRS to contact each employer if deemed necessary.

1. Employer / Company Name: _____

Address: _____ Phone: (____) _____ - _____

Supervisor: _____ Position Held: _____

Duties: _____

Start Date: ____/____/____ End Date: ____/____/____

Is this your current employer? Yes / No (If "No" Reason for leaving):

2. Employer / Company Name: _____

Address: _____ Phone: (____) _____ - _____

Supervisor: _____ Position Held: _____

Duties: _____

Start Date: ____/____/____ End Date: ____/____/____

Is this your current employer? Yes / No (If "No" Reason for leaving):

3. Employer / Company Name: _____

Address: _____ Phone: (____) _____ - _____

Supervisor: _____ Position Held: _____

Duties: _____

Start Date: ____/____/____ End Date: ____/____/____

Is this your current employer? Yes / No (If "No" Reason for leaving):

References

Please provide three (3) non-related references over the age of eighteen (18), that you have known for five (5) or more years, that we may contact.

1. Name: _____ Years Known: _____

Relationship: _____ Phone: (____) _____ - _____

Email: _____

2. Name: _____ Years Known: _____

Relationship: _____ Phone: (____) _____ - _____

Email: _____

3. Name: _____ Years Known: _____

Relationship: _____ Phone: (____) _____ - _____

Email: _____

Signature Authorization

By signing below and submitting this application for review, I (the applicant), allows Pattenburg Rescue Squad INC. (PRS) to contact the provided references and employers. I understand falsification of any information on this application may be just cause for immediate refusal of acceptance or dismissal from PRS once such information has been made known.

I allow PRS, it's insurance company, representative or any law enforcement agency deemed appropriate, to perform a criminal and/or driving background check on me. I release my employer(s) to share my employment information with the Pattenburg Rescue Squad.

If accepted, I agree to fully abide by the rules and regulations set forth by PRS and the State of New Jersey Department of Health Office of Emergency Medical Services.

Applicant Name (Print) _____

Applicant Signature: _____ Date: _____

Cadet Membership

PARENTAL PERMISSION IF APPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE

The Pattenburg Rescue Squad, Inc. accepts applicants for cadet membership only with permission of the applicant's parent or guardian. Parents should understand the Pattenburg Rescue Squad Inc. has strict regulations/policies governing cadet members to insure his/her safety. These regulations can be discussed at a meeting with our cadet advisors if so desired. Cadet members are required to complete additional training programs after they are accepted into membership. Cadet members perform limited duties related to their age and amount of training completed and are restricted as to certain emergency calls to which they can and cannot answer (Assaults, Intoxicated Patients, Inmate Transports, etc.) as well as equipment he/she can or cannot operate ("Jaws of Life," driving ambulances, etc.) in compliance with New Jersey State Child labor Laws. The cadet advisor or a line officer will be happy to answer any questions you may have about membership.

Parent/Guardian Name: _____ Relation: _____

Street Address: _____

Mailing Address (if different from street): _____

Town: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Best Time to Contact: _____ AM / PM

Email: _____

Parent/Guardian Name: _____ Relation: _____

Street Address: _____

Mailing Address (if different from street): _____

Town: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Best Time to Contact: _____ AM / PM

Email: _____

Parent or Guardian initial on line next to each condition to which they agree:

_____ I GRANT PERMISSION FOR MY SON/DAUGHTER TO APPLY FOR CADET MEMBERSHIP TO THE PATTENBURG RESCUE SQUAD, INC.

_____ I HEREBY GIVE MY SON/DAUGHTER PERMISSION TO RESPOND WITH THE PATTENBURG RESCUE SQUAD, INC. DURING THE FOLLOWING TIME PERIODS (See Selections):

SCHOOL NIGHTS:

6 pm through 10 pm YES / NO

WEEKENDS:

6 am through 10 pm YES / NO

NON-SCHOOL DAYS

6 am through 6 pm YES / NO

6 pm through 10 pm YES / NO

Any available Time YES / NO

Limit the amount of hours? YES / NO

 If yes, how many hours Maximum: _____

*** Please specify times any other time restrictions preferences:

_____ I GIVE MY PERMISSION TO THE PATTENBURG RESCUE SQUAD CHIEF, DEPUTY CHIEF, OR DUTY OFFICER TO SEEK MEDICAL TREATMENT FOR MY SON/DAUGHTER, IN CASE OF INJURY OR ILLNESS INCURRED WHILE PARTICIPATING IN A SQUAD SPONSORED ACTIVITY OR EMERGENCY CALL IF I CANNOT BE REACHED IMMEDIATELY TO GIVE MY CONSENT TO MEDICAL PERSONNEL.

_____ I HAVE VERIFIED THAT ALL INFORMATION PROVIDED ON THIS APPLICATION BY MY SON/DAUGHTER IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Cadet & Guardian Signature Authorization

I, (Cadet Applicant Name) _____ understand the restrictions, outlined above, placed on me by my parent/guardian and agree to abide by them. By signing below and submitting this application for review and my parent/guardian and I allow the organization to contact the provided references. We understand that falsification of any fact on this application may be just cause for immediate refusal of acceptance or dismissal from the organization once such information has been made know.

My parent/guardian and I allow the squad, it's insurance company, representative or any law enforcement agency deemed appropriate, to perform a criminal and/or driving background check on me. We release my employer(s) to share my employment information with the Pattenburg Rescue Squad.

If accepted, I agree to fully abide by the rules and regulations set forth by PRS and the State of New Jersey Department of Health Office of Emergency Medical Services.

Cadet / Applicant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____