



*The Pattensburg Rescue Squad Inc.*

*590 County Route 614, NJ 08802*

*Phone: (908) 730-9298 Fax: (908) 730-8403*

## *Application for Membership*

### Directions

**1. Fill out attached forms.**

Fill in all information/ questions completely, print legibly in ink or use a computer/typewriter. 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. Obtain letters of reference, one (1) to three (3)**

Letters can not be from PRS members. Author may not also be used as a reference. Letters must be signed by person writing them.

**3. Provide copies of all certifications held and proof of other courses taken**

Examples: First Responder, EMT-B, CPR, CEVO, Developmental Disabilities, ICS, NIMS etc.

**4. Submit application with letter(s) of reference.**

- Scan and email to [officers@pattensburgrescue.org](mailto:officers@pattensburgrescue.org)
- Fax to (908) 730 - 8403
- Drop in mailbox outside of our buildings or
- Mail to: Pattensburg Rescue Squad  
Attn: Membership Committee  
590 Cty Route 614  
Asbury, NJ 08802

After receiving your complete application, the membership committee 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 the membership committee by calling 908-730-9298 and leaving a message. Someone will return your call! Thank you for your interest in membership, we look forward to serving with you!

# ***Application for Membership***

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

## ***The Pattenburg Rescue Squad Inc.***

**590 County Route 614, NJ 08802**

*Phone: (908) 730-9298*

*Fax: (908) 730-8403*

Applicant Name (Last, First, MI): \_\_\_\_\_

Position Applying For: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from street): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What Municipality do you live in? \_\_\_\_\_ Twp. / Boro

Approx. Distance From Squad Building (IN MILES): \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Personal Email: \_\_\_\_\_

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

*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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

---

---

---

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.)

---

---

---

What is your highest level of education? ( Please check one )

- Masters
- Bachelors
- Associates
- High School Graduate
- Some High School
- Other / Please explain

Yes / No Are you currently in school? If so what school? \_\_\_\_\_

*For applicants currently enrolled in High School, please attach a copy of your report card or a letter from a guidance counselor to serve as proof that you maintain a grade-letter "C" or greater average in all classes.*

Yes / No Do you plan on continuing your education?(If so please explain)

---

---

---

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

Drivers License #: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Last Moving Violation (If any): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Point Total: \_\_\_\_\_

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

---

---

---

Please place a check next to the certifications you have and list their expiration:  
( Provide a copy of each with submitted application )

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> EMT                           | Expiration: _____ / _____ / _____ |
| <input type="checkbox"/> CPR                           | Expiration: _____ / _____ / _____ |
| <input type="checkbox"/> CEVO or EVOG                  | Expiration: _____ / _____ / _____ |
| <input type="checkbox"/> ICS 100                       | Expiration: _____ / _____ / _____ |
| <input type="checkbox"/> ICS 200                       | Expiration: _____ / _____ / _____ |
| <input type="checkbox"/> NIMS 700                      | Expiration: _____ / _____ / _____ |
| <input type="checkbox"/> NIMS 800                      | Expiration: _____ / _____ / _____ |
| <input type="checkbox"/> Developmental<br>Disabilities | Expiration: _____ / _____ / _____ |

Additional Certifications/Training:

---

---

---

*Yes / No* If necessary, are you committed to devoting the time to complete required training?

*Yes / No* Are you committed to attending all required meetings and drills of the Pattenburg Rescue Squad?

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

*Yes / No* Are you, or have you ever been, part of another organization that provides emergency services? ( *If so please provide details such as; name of the organization, position held, years of service and reason for joining/leaving.* )

---

---

---

*Yes / No* May we contact the above organization(s) as a reference?

## Employment History

List employment history below beginning with the most recent/current employer first. Feel free to include summer or temporary jobs. Be sure all your experience or employers related to the position are listed, in the summary following this section or on an extra sheet of paper if necessary.

1.) Employer / Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ *Hourly / Annual*  
Duties: \_\_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is this your current employer? Yes / No (If "No" Reason for leaving: )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer as a reference? Yes / No

2.) Employer / Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ *Hourly / Annual*  
Duties: \_\_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is this your current employer? Yes / No (If "No" Reason for leaving: )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer as a reference? Yes / No

3.) Employer / Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ *Hourly / Annual*  
Duties: \_\_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is this your current employer? Yes / No (If "No" Reason for leaving: )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer as a reference? Yes / No

## 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: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

2.) Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

3.) Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Emergency Contacts *Please provide your emergency contact information below:*

1.) Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Best time to Contact: AM / PM

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing address ( *If different than mailing* ): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Best time to Contact: AM / PM

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing address ( *If different than mailing* ): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

**Availability** What is your availability? *Days 6a-6p / Nights 6a-6p (Circle all that apply)*

**Saturday**      **Sunday**      **Monday**      **Tuesday**      **Wednesday**      **Thursday**      **Friday**

D / N      D / N      D / N      D / N      D / N      D / N      D / N

When are you available to start? : \_\_\_\_\_

---

# Signature Authorization

---

By signing below and submitting this application for review and I allow the organization to contact the provided references. I 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.

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. I release my employer(s) to share my employment information with the Pattenburg Rescue Squad..

If accepted, I agree to fully abide by the bylaws and standard operating procedures of the organization. Furthermore, to be available for duty as described in the Pattenburg Rescue Squad By-Laws, to make every effort to attend all business meetings and training sessions to complete courses required by the State of New Jersey and the Pattenburg Rescue Squad,Inc.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 that 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 to initial on line next to each condition to which they agree and sign below)**

\_\_\_\_\_ 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
- 10 pm through 6 am YES / NO

NON-SCHOOL DAYS

- 6 am through 6 pm YES / NO
- 6 pm through 10 pm YES / NO
- 10 pm through 6 am 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 SQUAD CREW 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 bylaws and standard operating procedures of the organization. Furthermore, to be available for duty as described in the Pattenburg Rescue Squad By-Laws, to make every effort to attend all business meetings and training sessions to complete courses required by the State of New Jersey and the Pattenburg Rescue Squad, Inc.

Cadet / Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Squad Use Only

Interviewed by: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

First Meeting Attended and Probationary Start Date: \_\_\_\_\_