

Amwell Valley Ambulance Corps

Volunteering since 1957



Membership Application

1141 Old York Road, P.O. Box 147, Ringoes, New Jersey 08551
(908) 782-5115 Fax (908) 782-5547

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Thank you for your interest in volunteering with The Amwell Valley Ambulance Corps. In addition to being rewarding, volunteering with AVAC can be demanding. It takes a lot of time and can be challenging physically and mentally. Please make sure you can meet the commitments involved before you apply.

Please follow these steps to apply:

1. Speak with an AVAC member to learn more about the squad and the expectations of a successful member
2. Read the information below about the minimum requirements of membership.
3. Fully complete the application packet.
4. Select references(non-family members) and
5. Attach copy of your Driver License, EMT card, CPR card, and any other certifications you may posses.
6. Return the application to the squad via US Mail.

The application process is as follows:

1. Once your application is complete, you will be contacted for an interview.
2. Your interviewers on the Membership committee will make a recommendation to the Squad membership, based on their recommendation, the Squad will vote to accept, table, or defer membership.
3. If accepted, you will be given a new member orientation, a copy of our Constitution and By-Laws, and a copy of the Squad's S.O.P.
4. You will serve a Probationary Period of between six and twelve months during which you will make every effort to attend meetings, drills, and other Squad events. You will be evaluated and expected to reach a certain performance level, which will include your first promotion to Active member once you have passed the N.J. State EMT Exam.

Requirements for Regular Membership:

1. Attend meetings and Drills as often as possible.
2. Current NJ EMT, NREMT-B, or equivalent, or be enrolled in and EMT Class.
3. Current CPR

When considering membership at the Amwell Valley Ambulance Corps, it is important to consider the amount of time and effort he/she will be required to put in to remain a member in good standing.

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Membership Application

- Cadet Member (15-17 Years old)**
- Adult (18+)**

Personal Information

Name _____ Sex: **M / F** DOB: ____/____/____
 Last First Middle

Address _____
 Number & Street (Apt #) City State Zip Code

Phone _____ Citizenship _____
 Home Work Mobile

Social Security Number: ____-____-____ Email _____

Education

High School _____
 Name City, State Grade Completed Date of Graduation

Colleges or Universities Attended

Name	City & State	Type of Degree	Major	Credits	Dates attended	
					From	To

Training and Certifications

EMT Certification _____
State _____ Number _____ Date Issued _____ Expiration _____

CPR Certification _____
Certifying Agency / Level _____ Date Issued _____ Expiration _____

Other First Aid Training _____

Driving Record

License# _____ State _____ Expiration _____ / _____ / _____

Points Against _____ Restrictions _____

Violations/Tickets **Yes / No** (If Yes, Explain) _____

Has your driving privileges ever been suspended or revoked? **Yes / No**
(If Yes, Explain) _____

Military Service

Branch _____ Dates _____ Rank _____

Type of Discharge _____ Service Number _____

Job Description and Training _____

Employment History

Employer #1 (Most Recent) _____ Title _____

Dates _____ Address _____

Phone _____ Supervisor _____ May we contact **Y / N**

Reason for Leaving _____

Employer #2 _____ Title _____

Dates _____ Address _____

Phone _____ Supervisor _____ May we contact **Y / N**

Reason for Leaving _____

Employment History Cont'

Employer #3 _____ Title _____

Dates _____ Address _____

Phone _____ Supervisor _____ May we contact **Y / N**

Reason for Leaving _____

Employer #4 _____ Title _____

Dates _____ Address _____

Phone _____ Supervisor _____ May we contact **Y / N**

Reason for Leaving _____

Other Information

Have you ever been convicted, fined, placed on probation, or imprisoned for any criminal offense? **Yes / No** (If Yes, Explain) _____

Have you ever been dismissed or asked to resign from any position?

Yes / No (If Yes, Explain) _____

Have you ever been an applicant or member of any other Emergency Service Agency? **Yes / No** If Yes, List Below.

Agency	Phone	Dates	Supervisor

Why do you want to join Amwell Valley Ambulance Corps? _____

Personal References

A reference should not be related to you, but should be able to comment on your education, work experience, community involvement, and/or character.

Name	Phone & Email	Relation	How long have you known this person?

Signature and Release

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge from the Amwell Valley Ambulance Corps.

By signing below, I hereby authorize the Amwell Valley Ambulance Corps and its officers or delegates to conduct background investigations necessary to verify the above information. I understand that any offer of membership is contingent upon successfully passing a medical clearance examination and urine drug screen administered by the Squad's delegate, and by signing below I give my consent for that examination.

I further agree that, if granted membership, I will uphold the rules, regulations, and the by-laws of the Amwell Valley Ambulance Corps.

Signature of Applicant

Date

I am the parent or legal guardian of the applicant. My signature below signifies my consent to the above on behalf of the applicant. I take full responsibility for the applicant's actions on the Squad until he/she reaches his/her eighteenth birthday. I bear full responsibility for any and all squad uniforms and/or Squad equipment that may be issued to the applicant if granted membership.

Signature of Parent/Guardian (If Under 18),

Date