

# MEMBERSHIP APPLICATION

650 WASHINGTON AVE • TOWNSHIP OF WASHINGTON • NJ • 07676  
🌐 WTVAC.ORG 📱 WTVAC 📞 (201) 664-3784 ✉️ JOIN@WTVAC.ORG



REV 4/23

Thank you for your interest in joining the Township of Washington Volunteer Ambulance Corps (WTVAC); we're thrilled that you're taking this first step! To start the process, please complete this form in its entirety. Fields indicated by a red label are mandatory; if the question doesn't apply to you, simply mark, "N/A."

The information provided on this application must be provided by you, the applicant, and be true to the best of your knowledge. Any false information or statements on this application, or on the physical examination documentation is sufficient cause for rejection of this application and/or dismissal from the Township of Washington Volunteer Ambulance Corps.

Upon completion, please print the completed form and ensure all signatures are done so by hand.

## BASIC INFORMATION

**FIRST NAME**

**MI**

**LAST NAME**

**ADDRESS**

**TOWN**

**PHONE**

**EMAIL**

**AGE**

**DATE OF BIRTH**

**GENDER IDENTITY**

 MALE FEMALE OTHER

## WTVAC AFFILIATION

ARE YOU RELATED TO ANYONE AFFILIATED WITH THE WTVAC?

 YES NO

IF YES, TO WHOM? \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED TO THE WTVAC?

 YES NO

IF YES, WHEN? \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN A MEMBER OF THE WTVAC?

IF YES, WHEN? \_\_\_\_\_

IF YES, WHY DID YOU LEAVE?

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CONTINUED >>



## EDUCATION

## HIGHEST LEVEL OF EDUCATION COMPLETED

HIGH SCHOOL / GED    SOME COLLEGE    ASSOCIATE'S    BACHELOR'S    MASTER'S    DOCTORATE

## HIGH SCHOOL

NAME \_\_\_\_\_

ENROLLED   /   /       [EXPECTED] GRADUATION DATE   /   /

## COLLEGE / UNIVERSITY

NAME \_\_\_\_\_

ENROLLED   /   /       [EXPECTED] GRADUATION DATE   /   /

## OTHER

NAME \_\_\_\_\_

ENROLLED   /   /       [EXPECTED] GRADUATION DATE   /   /

## EMPLOYMENT

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

LOCATION \_\_\_\_\_

POSITION \_\_\_\_\_   DURATION      YEARS    MONTHS

EMPLOYER \_\_\_\_\_

LOCATION \_\_\_\_\_

POSITION \_\_\_\_\_   DURATION      YEARS    MONTHS

EMPLOYER \_\_\_\_\_

LOCATION \_\_\_\_\_

POSITION \_\_\_\_\_   DURATION      YEARS    MONTHS

## CERTIFICATIONS

**EMERGENCY MEDICAL TECHNICIAN (EMT)** NJ / OTHER / NREMT  YES  NO  IN TRAINING

EXPECTED COMPLETION DATE (IF IN TRAINING)  /  /

**NJ 6-DIGIT EMT NO**

**CERTIFICATION DATE**  /  /

**EXPIRATION DATE**  /  /

**12-DIGIT NREMT NO**

**CERTIFICATION DATE**  /  /

**EXPIRATION DATE**  /  /

**CPR CERTIFIED?**  YES  NO

**CERTIFICATION DATE**  /  /

- American Heart Association - BLS Provider
- American Red Cross - Professional Rescuer or Lifeguarding/First Aid/CPR/AED
- American Safety & Health Institute - Professional Rescuer
- AAOS/ACEP Emergency Care & Safety Institute - Healthcare Provider
- National Safety Council - Basic Life Support: Healthcare & Professional Rescuers
- Military Training Network - Professional Rescuer
- EMS Safety - BLS for Healthcare Providers Professional
- American Acquatics and Safety Training - CPR/AED

**TRAINING CENTER / INSTRUCTOR** \_\_\_\_\_

### ADDITIONAL TRAINING (OPTIONAL)

**CEVO CERTIFICATION**

/  /

**HAZARDOUS MATERIALS AWARENESS**

/  /

**BLOODBORNE PATHOGENS**

/  /

**EPI / NARCAN**

/  /

**ASPIRIN / CPAP / ALBUTEROL**

/  /

**FEMA ICS-100 CERTIFICATION**

/  /

**FEMA ICS-200 CERTIFICATION**

/  /

**FEMA ICS-700 CERTIFICATION**

/  /

**FEMA ICS-800 CERTIFICATION**

/  /

REFERENCES

FIRST NAME

Grid for first name input

MI

Grid for middle initial input

LAST NAME

Grid for last name input

ADDRESS

Grid for address input

TOWN

Grid for town input

PHONE

Grid for phone input

EMAIL

Grid for email input

REFERENCE TYPE

Reference type checkboxes: EMPLOYMENT / PROFESSIONAL, ACADEMIC, PERSONAL

FIRST NAME

Grid for first name input

MI

Grid for middle initial input

LAST NAME

Grid for last name input

ADDRESS

Grid for address input

TOWN

Grid for town input

PHONE

Grid for phone input

EMAIL

Grid for email input

REFERENCE TYPE

Reference type checkboxes: EMPLOYMENT / PROFESSIONAL, ACADEMIC, PERSONAL

ACKNOWLEDGEMENT

If acceptance is granted under this application, I understand and agree to comply with all rules and regulations, which include but are not limited to the By-Laws and Operational Guidelines of the Township of Washington Volunteer Ambulance Corps. I further agree to submit documentation of a physical examination by a licensed healthcare provider (MD, DO, NP) prior to duty assignment. In addition, I give the Township of Washington Volunteer Ambulance Corps permission to perform a one-time background check, and request a certified driver's abstract annually from the New Jersey Motor Vehicle Commission on my behalf.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S NAME (PRINT)

↓↓ APPLICANTS UNDER 18 YEARS OF AGE ↓↓

GUARDIAN'S SIGNATURE

DATE

GUARDIAN'S NAME (PRINT)

RELATION TO APPLICANT