



Application for Membership



Mountainside Rescue Squad

1399 U.S. Highway 22 East
Mountainside, NJ 07092
squad@ems22.com
908-233-6338

Thank you for your interest in joining the Mountainside Rescue Squad. The following is a general guide for the membership process.

1. Submit your completed application excluding the letters of recommendation and physical section to a squad officer, via mail, or by leaving the application at the Police Department attention Corrine Moore.
2. Ask the two persons writing your letters of recommendation to complete and mail the recommendation forms to the squad or return it to you in a sealed envelope to forward to us.
3. Ask your physician to complete the Physical section and mail the form to the squad or return it to you to forward to us.
4. The Executive Board will review your application at the next board meeting, usually on the first Wednesday of the month.
5. You will be asked to meet with the Executive Board at that meeting or the following meeting.
6. After the review of the application and the recommendations, the Executive Board will then inform you as soon as possible of your membership status.

Please print the information on all documents neatly and use only a black or dark blue ball-point pen.



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APPLICATION FOR MEMBERSHIP

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

_____ Home Phone: _____

_____ Cell Phone: _____

Email: _____

Drivers License Number/State/Expiration (attach legible copy): _____

Primary Employer and/or School (if student): _____

Work and/or School Phone (if applicable): _____

Emergency Contact (name/relationship/phone): _____

CURRENT EMT & OTHER CERTIFICATIONS (if applicable, else we will train new members):

EMT Expiration & #: _____ CPR Expiration: _____

Other Certifications: _____

Please attach copies of all certifications listed above.



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References (Please list name, address, & phone number of at least two people who know you well and who are not relatives. Please forward the recommendation forms to at least two of your references listed below):

Have you been a member of any other rescue squads? If yes, give names of squads, dates of membership, and reason for leaving.

I hereby certify that all of the information I supply in this application is correct to the best of my ability. I understand that this application will be reviewed by the Executive Board of the Mountainside Rescue Squad. I understand that they will contact my references, check my driving record, and perform a background check (see attached AUTHORIZATION AND RELEASE form). I understand that any falsifications on this application or in my interview may prevent my acceptance as a member or be cause for expulsion from the squad if found after my acceptance. If accepted I agree to uphold the by-laws and any other rules and regulations of the Mountainside Rescue Squad.

Signature: _____ Date: _____

(IF UNDER 18, signature of a parent or guardian is required)

Signature of parent/guardian: _____ Date: _____



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AUTHORIZATION AND RELEASE

All applicants 18 or older must complete this authorization and release.

Please list all States and Counties in which you resided during the last seven years (or back to your 18th birthday if less than 7 years ago).

_____	_____
_____	_____
_____	_____

By signing below, I authorize and give permission to the Mountainside Rescue Squad Inc., its agents and representatives to investigate and verify all information contained in my membership application and any resume or other related information I have provided. The Mountainside Rescue Squad Inc. is authorized to investigate all references, to verify educational background, to obtain a criminal background check, to obtain a driving record check, to verify my social security number, to obtain job-related information about me including verifying previous employment and squad membership, and to investigate information regarding character and/or general reputation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Mountainside Rescue Squad Inc. to obtain investigative reports at any time during my membership. I release Mountainside Rescue Squad Inc., its agents and representatives, from any and all liability for requesting or obtaining such information, and I release each person, individual, organization or corporation that provides such information from liability for providing such information. I understand that the Mountainside Rescue Squad Inc. will advise me of any intended release of such information to any third party prior to the release of information.

I authorize the National Personnel Record Center, in St. Louis MO or other custodian of my military record to release to the Mountainside Rescue Squad Inc. information or photocopies from my military personnel records in accordance with the above. This could include a copy of my DD Form 214, Report of Separation.

I understand and agree that any misrepresentation, falsehood or omission on this application, resume and related information, is grounds for rejection of my application for membership and will be grounds for discipline up to and including dismissal, at the sole discretion of the Executive Board of the Mountainside Rescue Squad Inc.

Applicant's Name (Printed): _____
 Address: (Street) _____
 City/State/Zip: _____
 Date of Birth: _____
 SSN#: _____
 DL (State/Number) ____ / _____
 Signature: _____
 Date: _____

You have the right, within a reasonable period of time after receipt of this notice, to make a written request for a complete and accurate statement as to the nature and scope of the investigation requested by the Mountainside Rescue Squad Inc. Such requests should be addressed to the Mountainside Rescue Squad Inc. at our address above, Attn: Executive Board.



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I hereby authorize the physician, nurse practitioner, or physicians assistant completing the medical section of this Membership Application Medical Fitness Statement to release the requested information to the Mountainside Rescue Squad.

Applicant Signature: _____ Date: _____

Applicant Name (printed): _____

Medical Section

Date of Last Exam: _____

Normal BP: _____ / _____

Allergy to Latex: ☐ No ☐ Yes

If yes, Severity: _____

Allergies to Medications: _____

Physical Limitations (see EMT Physical Activities on following 2 pages):

Comments: _____

Doctor, Nurse Practitioner, or Physicians Assistant
Name (printed): _____

Address: _____

Phone: _____

Signature: _____

Date: _____



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EMT PHYSICAL ACTIVITY REQUIREMENTS

MOBILITY - The applicant must have physical abilities sufficient to lift, balance, and carry patients in excess of 125 lbs (250 lbs with the assistance of another person) from initial location to ambulance including negotiating stairs, hazardous terrain, and/or uneven terrain. Safely operate heavy manual/power equipment and drive large vehicles, under extreme environmental conditions.

Examples:

- Enter/exit ambulance without assistance.
- Perform physical activities involved with EMS delivery for up to 12 continuous hours without a break.
- Negotiate hazardous scenes in all environmental extremes including but not limited to light/dark, heat/cold, wet/dry /frozen scenes.
- Must be able to don appropriate personal protective devices (PPDs) without assistance. Examples include but are not limited to gloves, masks, respirators, eyewear, and gowns.

MOTOR SKILLS - The applicant must have the physical ability to perform gross and fine motor skills required in the normal duties of EMS. This includes but is not limited to CPR, bandaging, splinting, childbirth, extrication, oxygen and pharmacological administration, defibrillation, equipment relocation, and patient handling.

Examples:

- Perform physical tasks requiring prolonged physical exertion including but not limited to CPR, walking for long periods of time while carrying equipment and/or patients, assisting in vehicle extrication, extrication of a victim from the confines of a structure (residence, business, industry, or mobile dwelling).
- Perform physical tasks requiring detailed activity.
- Perform physical tasks requiring walking, crawling, stooping, bending, kneeling, or working prone or supine including but not limited to patient transfer, movement, and extrication.

SELF-CARE - The applicant must have the ability to present professional appearance and implement measures to maintain their own health.

Examples:

- Implement universal precaution and other appropriate means of body substance isolation.
- Wear and function in personal protective clothing.
- Participate in stress management activities.

HEARING - The applicant must have the auditory ability sufficient to assess and monitor patient's health needs, to determine personal danger at emergency scenes, hear requests for aid, and hear verbal orders and instructions from members of the medical care team.

Examples:

- Assess breath sounds (qualitative and quantitative)
 - Assess blood pressure by auscultation
 - Assess sounds associated with upper airway obstruction
 - Hear physician orders via standard radio or telephone links
 - Hear dangers/warnings associated with hazardous scenes
 - Hear audible signals during rescue operation
 - Hear voices under protective equipment
 - Hear Dispatchers communication via standard radio and telephone links
 - Hear preceptors instructions and directions
 - Hear warning devices on other vehicles that may be encountered during the operation of an emergency vehicle.
- Examples include but are not limited to approaching sirens, backup alarms, and horns.



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VISUAL - The applicant must have visual ability sufficient for assessment, observation, and implementation of patient care, for determination of scene hazards that potentially affect the well-being of self, patient, coworkers, and for driving an emergency vehicle.

Examples:

- Read and understand orders and/or instructions
- Observe and identify patient signs including but not limiting to paleness (white), cyanosis (blue), erythema (redness), jaundice (yellow), ecchymosis (bruising), swelling, burns, blisters, deformity, hemorrhage, fluid and blood loss, pupillary response, reflexes, hives, and pitting edema.
- Observe patient responses to treatment.
- Read labels on medication
- Investigate scenes to determine cause and severity of injury/illness
- Prepare documentation
- Perform patient care techniques that require fine visual skills including but not limited to suctioning, pharmacological administration of patient's medications, bandaging, and splinting.
- Perform patient care techniques that require visual skills necessary to prevent injury to other parties including but not limited to; defibrillation, patient handling, extrication, and rescue coordination.
- Perceive depth such as hives and pitting edema.

SMELL - The applicant must have olfactory senses sufficient for maintaining environmental, patient, and personal/coworker safety.

Examples:

- Determine smells contributory to patient assessment such as fruity odors, alcohol smell, and acetone.
- Determine smells contributory to self-preservation and safety of patients and coworkers including but not limited to smoke, burning materials, gasoline and noxious fumes.

TACTILE - The applicant must have tactile ability sufficient to assess physical health and perform activities requiring dexterity combined with tactile ability.

Examples:

- Palpate pulses (quantitative and qualitative)
- Palpate blood pressure
- Palpate crepitus
- Palpate subcutaneous emphysema
- Palpate rigidity/guarding of abdomen
- Palpate edema
- Palpate anatomical structures to determine normalcy/abnormality
- Palpate masses
- Assess skin temperature and diaphoresis (presence/absence)
- Determine presence of fluid on patients in dark environments
- Safely handle sharps such as needles and lancets.
- Open medication containers such as prescription bottles and ampules.



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Dear _____ :

_____ has recently applied to become a member of the Mountainside Rescue Squad. The Rescue Squad is a volunteer organization dedicated to providing emergency medical care and emergency transportation to those in need. Committed members are needed to fulfill these needs. Our members receive extensive training and must maintain their skills through ongoing continuing education. Members donate many hours throughout the day and night.

_____ has asked you to be a reference for him/her. Your comments in the following area would be appreciated. A return envelope has been enclosed for your convenience.

How long have you known this person? _____

In what capacity do you know them? _____

Please check box where appropriate:

	Good	Average	Fair	Poor	Unknown
Intelligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prospects for success as a squad member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Comments: _____

Signature: _____

Name (printed): _____

Date: _____

Contact Phone #: _____



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Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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