

Old Bridge Volunteer Emergency Medical Services, Inc.
Application for Probationary Membership

Mailing Address

P.O. Box 14
Old Bridge, NJ 08857
732-679-4104

FILED ON: ____/____/____
ACCEPTED ON: ____/____/____

APPLICANT'S FULL NAME: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH: ____/____/____

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____

SOCIAL SECURITY #: _____ - _____ - _____

EMAIL ADDRESS: _____

THREE REFERENCES

NAME	ADDRESS	PHONE #	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP COMMITTEE

We the undersigned officers of this committee assigned to investigate the qualifications of the above named Applicant for probationary membership on the Old Bridge Volunteer Emergency Medical Services, Inc. do hereby certify that we have checked on his/her references and the information given in his/her application as well as accepting the applicant's statement of being in good, sound health, find that he/she meets all requirement of active membership as defined by the constitution and by-laws of our squad and we therefore recommend that he/she be admitted for probationary membership.

Date: ____/____/____

Signature

Signature

Signature

Signature

- 1) Have you ever suffered mental or physical disability? _____
If yes, give detail _____

- 2) Date of issuance of first driver's license _____
- 3) Has your driver's license ever been revoked? _____
If yes, give detail _____

- 4) Have you any points against you driver's license? _____
If yes, give detail _____

- 5) Have you ever been convicted of any violation of law other than traffic violations? _____
If yes, give detail _____

- 6) Why do you wish to become a member of O.B.V.E.M.S.? _____

- 7) Give detail of any special skills that you possess that would be useful for rescue squad work:

- 8) Present employer: _____
Address: _____
Phone #: _____
- 9) Military Service From: _____ to _____ Discharge Type: _____

_____/_____/_____
Date

Signature

I, _____ applicant for probationary membership in the Old Bridge Volunteer Emergency Medical Services, Inc. (O.B.V.E.M.S.) recognizing the importance of the service rendered by this organization to the community and the responsibility that service places on it's members, do hereby declare that the information I have given is true and that I have withheld no facts that might have any bearing on my qualification for membership. Including whatever special studies may be needed to qualify me to do my part in rendering the personal service to my fellow man that is characteristic of O.B.V.E.M.S., and that I will always conduct myself in a manner to reflect credit on the Old Bridge Volunteer Emergency Medical Service, Inc.

____/____/____
Date

Signature

I am aware of the requirements to serve stipulated probationary period after which time I will be considered for active membership status.

I am aware that if any information I have given is false, I will be terminated from O.B.V.E.M.S.

I am aware that the investigating committee will investigate my background, as they see fir, and I am agreeable to this.

I agree to return all squad property immediately upon termination of my membership, and also to either; destroy any items I have personally purchased with the squad's logo or name, or donate such items to the squad.

____/____/____
Date

Signature

I am aware that before being put into the squad driver training program, the driving committee will investigate my driving record, and I am agreeable to this.

____/____/____
Date

Signature

Authorization

I, _____, do hereby grant permission to the Township of Old Bridge to make a background check on, including but not limited to, a search for any criminal record. Said information to be used in consideration of my application for employment with the Township of Old Bridge.

_____/_____/_____
Date

Signature

_____/_____/_____
Birth date

Address

Driver's License Number & Exp.

City, State, Zip Code

Sworn unto before me this day of ____/____/_____
Date

O.B.V.E.M.S. Witness

Notary Public

Squad Information

Report of Probationary Application: _____

Report of Driving Record: _____

_____/_____/_____
 Captain's Signature Date Crew Leader Signature Date

I, hereby acknowledge receipt of the equipment below. This equipment listed below is property of Old Bridge Volunteer Emergency Medical Services, Inc.

Upon Termination of my membership, I will return all equipment and uniforms to O.B.V.E.M.S. I will be responsible for any negligence, loss or destruction of said property and I will reimburse O.B.V.E.M.S. for such loss.

_____/_____/_____
 Signature of Applicant Date

<u>Uniforms</u>	<u>Pagers & Radios</u>	<u>Serial #</u>	<u>Date Issued</u>
____ Coveralls	____ Minitor II	_____	____/____/____
____ Winter Jacket	____ Minitor III	_____	
____ EMT Jacket w/ Liner	____ Minitor IV	_____	
____ Dress Shirt	____ Radio w/ Charge	_____	
____ Dress Pants	____ Battery		
____ Belt, Tie, & Gloves	____ Holder for Radio or Pagers		

_____/_____/_____
 Signature of Member Date

Return Equipment Date ____/____/____ Officers Signature _____

Members Signature _____

Probationary Member Rules

- 1) Probationary members are never allowed to go directly to the scene, regardless of what may be dispatched.
- 2) No probationary member may approach a scene prior to the arrival of the squad ambulance.
- 3) Non EMT probationary members are not responsible nor are they certified for patient care.
- 4) Probationary members are not allowed to wear squad uniforms including jackets, shirt/sweat shirts, hat, coveralls, etc (even if purchased by the probationary member) unless responding to the building for a call or in the presence of a non-probationary senior active member who is an EMT. After a call, such squad identification will either be covered or removed unless in the presence of a non-probationary senior active member. This rule protects both the squad and the probationary member.
- 5) Probationary member may not hold any office or position. Probationary members have a voice, but no vote.
- 6) Probationary members are considered crew members and are responsible to obtain cover(s) if they cannot respond on their duty day (weekdays or weekends). Missing from duty is a chargeable offense.
- 7) Probationary members are under the direct supervision of their crew leader.
- 8) Probationary members are not allowed in the building alone, they must be accompanied by a senior active (non-probationary) or active life member.
- 9) Probationary members are not allowed to drive (including pulling the rig in or out of the building) any squad vehicle without supervision of their crew leader.
- 10) Junior members must remain on probationary status regardless of time served and EMT certification until they have reached their 18th birthday. They must then apply for change in status with the squad.
- 11) Any member that is going to attend EMT school, NJ Department of Health will pay for it. If a probationary or active member is terminated or resigns from the squad while attending EMT school their funding will be revoked as per NJ State Training Fund Form.
- 12) Any probationary member can be terminated at anytime if that member breaches any of the trust related to a duty to them, or misuse or neglect of any squad equipment or furnishing, or gross improper conduct.
- 13) Any probationary member can be terminated if he/she does not attend seventy-five percent (75%) of all squad monthly meeting and/or squad training sessions during a calendar year.
- 14) Any probationary member can be terminated if he/she fails to meet the riding hour requirements.
- 15) Any infringement of squad rules may be subject to termination of probationary membership.

Probationary Member Signature

_____/_____/_____
Date