



Ridgefield Park Ambulance Corps

48 Main Street ~ Ridgefield Park ~ New Jersey ~ 07660 ~ 201-641-4770

www.ridgefieldpark.org

Membership Application

Date: _____

Desired Membership Class:

- Driver** (First Responder, Emergency Vehicle Operator)
- Active** (Probationary Member)
- Youth Squad** (Age 16-18)

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

How long have you lived at the above address: _____

If less than five years please list a previous address: _____

E-Mail Address: _____

Date of Birth: _____ Social Security # _____

Drivers License # _____ State: _____ Exp. _____

Employer: _____ Phone Number: _____

Address: _____

Why do you wish to join RPVAC?

Do you have any physical limitations or illnesses that would preclude you from performing the duties of EMS?

Previous EMS Experience:

Have you ever been a member of RPVAC? € Yes € No If so when? _____

Have you ever been a member of a Commercial or Volunteer Ambulance before? € Yes € No

If yes, where and what dates? _____

Are you still a member? € Yes € No

Reason for leaving? _____

Phone Number: _____

Are you a member of any other Emergency Services (Fire, Rescue, Police, Paramedic)? € Yes € No

If yes, what and where? _____

Phone Number: _____

Do you have any family members who were/are RPVAC members? _____

List any RPVAC members whom you know:

Previous Training:

Training	Location	Expiration Date
€ CPR	_____	_____
€ EMT	_____	_____
€ HAZMAT	_____	_____
€ ICS	_____	_____
€ Other	_____	_____

Please detail any other non-medical training or experience that you feel may be an asset to RPVAC.

Personal References:

RPVAC requires three personal references. Each must complete and return one of the enclosed Personal Letter of Reference Forms and return it to RPVAC. Please list the three people you will give the forms to:

Name: _____

Address: _____

Phone number: _____

Name: _____

Address: _____

Phone number: _____

Name: _____

Address: _____

Phone number: _____

ALL REFERENCE FORMS MUST BE RETURNED PRIOR TO ACCEPTANCE!

Criminal and Driving History:

Have you ever been convicted of any crime in New Jersey or elsewhere?

€ YES € NO If yes, please explain: _____

If you intend to eventually drive any RPVAC emergency vehicle, you must provide the following information:

Do you have any active points against your license? € YES € NO

Has your license ever been suspended? € YES € NO

Please list any moving violations that you have had in the past 18 months:

Please list any accidents that you have had in the past 3 years:

I hereby authorize inquire by the Corps of all statements contained in this application and release those individuals from any and all liability and damage resulting from or arising out of such investigations. I understand that any misrepresentation or omission of facts in this application is cause for immediate dismissal from the Corps.

I consent to taking a pre-membership physical exam and such future exams as may be required by the Corps. I agree to comply with all Rules and Regulations and By-Laws governing the Corps, and further agree to return any and all equipment and/or clothing loaned to me by the Corps upon relinquishing my membership in RPVAC.

I HEREBY DECLARE THAT ALL THE ABOVE STATEMENTS ARE TRUE.

Applicant's Signature _____

Date: _____

For Corps Use Only:

Committee Members:

Date Called: _____

Date Interviewed: _____

RECOMMENDATION

€ Accepted

€ Rejected (attach reason)

Signature of committee chairperson: _____

Signature of Commissioner: _____

€ Copy of Driver's License

€ DMV Abstract Obtained

€ Fingerprints

€ Three Reference Forms Completed and Appropriate