

Far Hills - Bedminster First Aid Squad, Inc.

**New
Member
Package**

The Far Hills - Bedminster First Aid Squad, Inc.

Volunteers with professional commitment since 1941

Dear Applicant:

Thank you for your interest in joining our organization. Since 1941, the Far Hills – Bedminster First Aid Squad has been providing high quality emergency medical care to the residents, businesses and passers-by of Far Hills, Bedminster, Pluckemin and Pottersville. We are proud of our service and we look forward to having you join us.

In this package you will find the necessary documentation to begin the membership process:

- A description of the types of memberships offered in our organization
- A list of our Membership Committee members and their phone numbers
- A membership application
- An authorization to obtain a copy of your motor vehicle report
- A physician's sign-off form (medical exam)

If you have any questions about any of these forms, please do not hesitate to call any member of the Membership Committee.

Once complete, please drop these documents by the squad building. Once received, a Membership Committee member will call you to set up a brief interview.

Thank you again for your interest and we look forward to having you on-board shortly.

Sincerely,

Far Hills - Bedminster First Aid Squad Membership Committee

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Types of Membership

EMT

Description: EMTs (Emergency Medical Technicians) are the patient care providers on our ambulances. On a typical emergency call there will be 2 or 3 EMTs that make up the crew. Most individuals seeking this level of membership have never been an EMT before nor received any formal training in first aid or life saving techniques. Most of our organization's EMTs have full-time jobs unrelated to the emergency medical field – so do not be deterred by the fact that this is new to you. An EMT is the critical position in our organization – as without it no patient care can be provided. It is the organization's hope to get as many members to this level as possible.

Requirements / Expectations:

- Successful completion of an accredited health-care provider CPR program – approx. 8 hours
- Successful completion of an accredited NJ State EMT program – approx. 130 hours
- Participation on at least one night or day-time & weekend duty crew
- Respond to calls when in town and available – minimum of 2 calls / month
- Participation in drills – once monthly – approx. 3 hours
- Participation in business meetings – once monthly – approx. 3 hours

Driver

Description: An ambulance driver is a misnomer for this level of membership – as they truly do much more. Drivers work in conjunction with EMTs on our emergency calls. Drivers do not provide patient care, however, may be called upon to help lift a patient or perform CPR. Obviously, as the name states, drivers are responsible for driving the ambulance to/from the scene and hospital. What is not as obvious is that although they do not provide direct patient care, they as another set of arms and legs to seek out necessary equipment or load/unload a patient. Drivers are trained in CPR and may be called upon to perform it in the case of a manpower shortage. Individuals in EMT training may act as drivers prior to receiving their EMT certification.

Requirements / Expectations:

- Successful completion of an accredited health-care provider CPR program – approx. 8 hours
- Successful completion of our internal driving training – approx. 20 hours
- Current NJ State drivers license
- Maintain a good driving record
- Participate on at least one night or day-time & weekend duty crew
- Respond to calls when in town and available – minimum of 2 calls / month
- Participation in drills – once monthly – approx. 3 hours
- Participation in business meetings – once monthly – approx. 3 hours

Associate

Description: An associate member is a non-EMS, non-responding member of our organization. This level of membership is good for an individual who would like to make a community contribution, but is either not able to commit the time necessary to maintain his- or herself as an EMT or a driver or tends to shy away from injuries / illness. Associate members can provide valuable behind-the-scene support for our EMS activities. Tasks such as event planning, membership drives, vehicle / facility maintenance, paperwork or even laundry is a huge help to our organization.

Requirements / Expectations:

- Participate in business meetings – once monthly – approx. 3 hours
- Time commitment per month – 1 to 2 hours

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Membership Application

Application for: ___ EMT ___ Driver ___ Junior ___ Associate

Name: _____
Last First Middle Initial

Residential Address: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birth Date: _____ Age: _____ US Citizen: __Y or __N

New Jersey Driver's License #: _____ Exp. Date: _____

Employer: _____ Job Title: _____

EMS Training

Emergency Medical Technician: ID# _____ Exp. Date: _____

CPR – Professional / Rescuer – Exp Date: _____

Other related EMS training: _____

Previous EMS/Fire Affiliations

EMS/Squad: _____ Dates Served: _____ to _____

Rescue: _____ Dates Served: _____ to _____

Fire Co: _____ Dates Served: _____ to _____

Were you ever an officer in any of the above services? If yes, please list offices and dates held: _____

References: Please List three. Please do not list relatives or employers as references.

Name: _____	Phone Number: _____
_____	_____
_____	_____

Have you ever been convicted of any criminal charges? Yes No

If yes, please state charges, court dates, and disposition: _____

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Membership Agreement

I, _____, as a member of the Far Hills - Bedminster First Aid Squad, Inc. shall abide by all policies, procedures, constitution and by-laws of this organization. In the event that I voluntarily resign or am asked to resign, I will submit my resignation in writing at the next business meeting. All equipment issued to me will be returned to the equipment coordinator or a line officer within one week of the submission of my resignation letter. Failure to return equipment will signify your intent to purchase this equipment. An invoice for the full replacement value will be issued at the following business meeting.

Signature of Applicant: _____ Date: _____

Signature of Membership Chair: _____ Date: _____

Applicants under the age of eighteen (18):

Ages 14-15: These applicants may join the junior squad as Non-Riding members. The applicant may participate and train with the squad, but may not respond to emergency calls. The applicant must have parental approval prior to joining.

Ages 16-17: These applicant may join the junior squad and respond to emergency calls as a student observer, when they are in a current EMT course or as a fully certified EMT-Basic. The applicant must have parental approval prior to joining.

Parents or Guardians: I/We do hereby give my son/daughter permission to volunteer with the Far Hills - Bedminster First Aid Squad, Inc. and/or respond with the ambulance crews.

Signature of patient / guardian: _____ Date: _____

Please do not write below this line – to be completed by the Membership Committee.

Interview Date: _____

Acceptance Date: _____

Membership Committee member interviewing applicant:

Name: _____

Date: _____

Name: _____

Date: _____

Name: _____

Date: _____

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P.O. Box 834

Far Hills, NJ 07931

Re: Motor Vehicle Report

Dear Far Hills - Bedminster First Aid Squad:

By signing this form, I hereby authorize the Far Hills - Bedminster First Aid Squad, Inc. to obtain my motor vehicle report (MVR) at this time, and any time in the future, providing I am an active volunteer of the organization.

The purpose of obtaining my MVR is for review in accessing my insurability under their insurance coverage.

Sincerely,

_____ (Signed) _____ (Date)

_____ (Print Name)

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Membership Application
Medical Exam

Note to Examining Physician:

This individual has applied for membership to the Far Hills – Bedminster First Aid Squad, Inc. As a member he/she may be exposed to situations, which put high demands on both body and mind. Emergency Medical Technicians (EMTs) and ambulance drivers are often called upon to lift and transport patients in dangerous / awkward situations – i.e. downstairs, out of auto accidents or just out of bed.

It is important that our services do not cause further injury to our patients, as well as, to our membership.

We ask that you examine this individual with these types of activities in mind and note areas of concern, so we may keep everyone safe, healthy and injury free.

Thank you

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