

Parsippany Volunteer Ambulance
397 Parsippany Road, P.O. Box 13, Parsippany, NJ 07054

Application for Membership

Name

EMS SERVICE:

Have you ever been a member of any squad, fire department, ambulance service? Yes No

If yes, affiliation:

Have you ever been turned down for membership: Yes No Explain:

Are you still active? Yes No Reason for leaving?

Current or Past Certification:

Expiration Date:

CPR:	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
EMT:	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
First Responder:	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Other:	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

REFERENCES:

Please list two references, who are neither relatives nor members of PVAS. By listing these people, you are granting the PVAS Membership Committee permission to contact them.

Name <input style="width: 400px; height: 25px;" type="text"/>	Years Known: <input style="width: 80px; height: 25px;" type="text"/>
Address <input style="width: 400px; height: 25px;" type="text"/>	Occupation: <input style="width: 250px; height: 25px;" type="text"/>
City <input style="width: 250px; height: 25px;" type="text"/> State: <input style="width: 80px; height: 25px;" type="text"/>	Zip: <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>

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EMERGENCY CONTACT NOTIFICATION:

Name <input style="width: 400px; height: 25px;" type="text"/>	Relationship: <input style="width: 250px; height: 25px;" type="text"/>
Address <input style="width: 400px; height: 25px;" type="text"/>	
City <input style="width: 250px; height: 25px;" type="text"/> State: <input style="width: 80px; height: 25px;" type="text"/>	Zip: <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>
Phone Number: <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> - <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> - <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>	

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Background Check

Name:

Address:

City: State: Zip:

Home Phone: - -

Date of Birth: / /

Social Security Number: - -

State:

Drivers License Number:

DRIVERS LICENSE INFORMATION:

Do you currently have any points on your license? Yes No If "YES", #:

If "YES", explain:

Has your drivers license been suspended or revoked in this state or any other state? Yes No

If "YES", explain:

CRIMINAL HISTORY:

Have you been arrested and/or convicted of any crime other than minor motor vehicle offenses? Yes No

State	Date	Reason

ALCOHOL / SUBSTANCE ABUSE:

Have you ever been treated for substance / alcohol abuse? Yes No

State	Date	Reason

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Application for Membership

Name

I understand that:

- A) I certify that I am at least 18 years of age or at least 16 years of age if applying to the junior squad.
- B) The information contained in this application will remain confidential.
- C) Submission of this application does not mean automatic acceptance as a member of the Squad.
- D) My name will be brought up for membership at the next meeting after being interviewed for membership.
- E) All information in this application will be verified and references will be contacted.

In connection with the application process and potential membership, I agree:

- A) To make myself available to meet with the membership committee for an interview.
- B) To notify in writing the President or Membership Chairperson of any changes in information contained in this application as they occur (prior to or during my membership).
- C) To return to the Parsippany Volunteer Ambulance Squad any and all equipment and clothing issued, in the same condition as received, reasonable wear and tear, upon resignation, termination of my membership, suspension or leave of absence. Failure to do so, will be subject to action in small claims court.
I understand that I can be charged for any equipment not returned.
- D) My blue light permit must be surrendered to the Captain when my membership is terminated.

I hereby declare that all questions have been answered truthfully. I am aware that if any question is answered incorrectly or falsely, it will be grounds for rejection or dismissal from the **Parsippany Volunteer Ambulance Squad**. I hereby authorize the **Parsippany Police Department** and the state and local police departments to conduct an investigation on my background to include, but not limited to a motor vehicle record, military, criminal and fingerprint investigation.

If I have served in the military, I hereby authorize the **Parsippany Volunteer Ambulance Squad** to obtain all of my military records. **(Applicant must sign the military information page of the application).**

Date:

 / /

Signature of Applicant:

Parsippany Volunteer Ambulance
397 Parsippany Road, P.O. Box 13, Parsippany, NJ 07054

Membership History

Name

The following Page is for **Squad Use Only**:

Membership Record / Termination Information

Dates:

Interviewed by: _____

[] []	/	[] []	/	[] []
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Accepted for Probationary Membership:

[]	Yes	[]	No	[] []	/	[] []	/	[] []
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References Received:

[]	Yes	[]	No	[] []	/	[] []	/	[] []
-----	-----	-----	----	---------	---	---------	---	---------

Employment Verified:

[]	Yes	[]	No	[] []	/	[] []	/	[] []
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Background Check Completed:

[]	Yes	[]	No	[] []	/	[] []	/	[] []
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Military Record Received: N/A

[]	Yes	[]	No	[] []	/	[] []	/	[] []
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Committee Recommendation:

[]	Accept	[]	Reject	[] []	/	[] []	/	[] []
-----	--------	-----	--------	---------	---	---------	---	---------

Accepted for Active Membership:

[]	Yes	[]	No	[] []	/	[] []	/	[] []
-----	-----	-----	----	---------	---	---------	---	---------

Equipment Issued:

[]	Pager Issued	[] [] [] []	SN
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(Members - Please place your initials in the box for each piece of equipment you were issued)

[]	Golf Shirt	[]	Dress Shirt	[]	Spring Jacket
-----	------------	-----	-------------	-----	---------------

[]	Jumpsuit	[]	Dress Pants	[]	Winter Jacket
-----	----------	-----	-------------	-----	---------------

[]	Squad Plate	[]	Blue Light Permit		
-----	-------------	-----	-------------------	--	--

Accepted for Life Membership:

[]	Yes	[]	No	[] []	/	[] []	/	[] []
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Resignation Accepted:

[]	Yes	[]	No	[] []	/	[] []	/	[] []
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Reason:

Other Termination:

[]	Yes	[]	No	[] []	/	[] []	/	[] []
-----	-----	-----	----	---------	---	---------	---	---------

Reason:

Equipment Returned:

[]	Pager Issued	[] [] [] []	SN
-----	--------------	-----------------	----

[]	Golf Shirt	[]	Dress Shirt	[]	Spring Jacket
-----	------------	-----	-------------	-----	---------------

[]	Jumpsuit	[]	Dress Pants	[]	Winter Jacket
-----	----------	-----	-------------	-----	---------------

[]	Squad Plate	[]	Blue Light Permit		
-----	-------------	-----	-------------------	--	--

Member Signature: _____

Date:

[] []	/	[] []	/	[] []
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Squad Officer Signature: _____

Position: _____

Parsippany Volunteer Ambulance
P.O. Box 13
Parsippany, NJ 07054
Phone: 973-887-3003 Fax: 973-887-6843

Date: _____

Commanding Officer - USMC
National Personnel Center
9700 Page Boulevard
St Louis, MO 63132

RE: Military Records

Name: _____
SSN: _____
Date of Birth: _____
Service Year(s): _____

Dear Commanding Officer:

The above mentioned individual has applied to our organization for membership.

Mr./Ms. _____ has indicated that he served in the United States _____.

As part of our background check our organization would like to receive any information that can be provided on him/her while in active service in the United States _____.

The particular information that our organization is interested in is confirming the following:

- Service Year(s)
- Type of Discharge
- Arrest Records
- Medical Problems

Please find enclosed a self-addressed envelope. Thank you for your time and consideration in this matter.

Respectfully,

President, Parsippany Volunteer Ambulance

Applicant Signature: