



Incorporated
www.WestwoodVolunteerEMS.org

P.O. Box 278
Westwood NJ 07675

Dear WVAC Applicant,

We are glad you are considering serving your neighbors here in Westwood as a member of the Westwood Volunteer Ambulance Corps, Inc. We are a completely volunteer organization; no member is paid for services or time. We operate with income from three sources: (1) Donations of residents and businesses, (2) our annual Carnival, and a (3) donation from the Borough of Westwood. We responded to 708 911 emergencies in Westwood and surrounding towns during 2017.

This **Applicant's Packet** includes the documents you will need during the application process, including:

- Application for Membership (including Parental Approval for Minors)
- Physical Examination Record (completed by a NJ MD/DO within 30 days of submitting application)
- Hepatitis-B Inoculation Declination Form (sign only if you will decline the inoculation once accepted as a member)

Please read each item carefully. If you have any questions, please contact the Recruiting Team Chairperson listed below.

Finally, attached is a link to the Bergen County EMS School in Paramus. <http://www.bergen.org/EMS/>. Use this link to find EMT Class schedules that you can register for. The day and evening classes are the same each semester. This will help you plan your EMT School calendar.

We will be happy to assist you and look forward to meeting with you in the near future.

Again, thanks for your interest!

Westwood Volunteer Ambulance Corps 2018 Recruiting Team

201-664-0003

Chairperson: [Linda Andresen](#), Chairperson/Treasurer: [Denise B Burns](#)

President: [Ed Casey](#), Autumn Blankenbush, Nicole De Joie,
Jenn Hughes

1) Application / Authorization to Release Information

- A) Complete and sign the application.
- B) Carefully read and sign the Authorization to Release Information form. We are asking to check your background, motor vehicle record, criminal record, etc.
- C) Provide a copy of any current certifications: CPR, NJ EMT or NREMT, etc. when submitting your Application.

2) Letter of Reference

If you have ever been a member of any other Emergency Medical Service or Fire Department, volunteer or paid, please obtain a letter of reference from your current or most recent Captain or Chief. The letter must state that you left, or are currently, in good standing with that organization.

3) Recruiting Team Meeting / Interview

Once you have completed the above, contact a member of the Recruiting Team who will schedule you (and for minors - your parents) for an informal information and orientation meeting with the Team. We will describe our expectations of you and the activities you may be qualified to perform as a probationary member.

4) Fingerprinting

To help ensure the safety of Westwood residents who call 911 for our help, The Borough of Westwood requires that your fingerprints be processed by the New Jersey State Police, Records and Identification Section, State Bureau of Identification's Criminal Investigation Unit. The State contracts with MorphoTrack (www.bioapplicant.com/nj) to perform this service. Obtain the fingerprint application during your interview from the Recruiting Team. Schedule an appointment via the website. Fingerprints are done at: 299 Forest Avenue, 1st Floor, Suite B, Paramus, NJ 07652 - Monday, Wednesday, Thursday, Friday: 9:00 AM to 5:00 PM, Tuesday 12:00PM to 8:00PM, 2nd & 4th Saturdays of the month 9:00AM to 5:00PM. WVAC will reimburse applicants with a receipt. **Applicants under age 18 are not required to be fingerprinted and will have 10 days after their 18th birthday to complete the fingerprinting process.**

5) Physical Examination

To ensure that you are physically able to perform the volunteer work you are seeking, you must have your Physician fill out the physical form. Return the completed (**please ensure that your MD has circled "IS" or "IS NOT" approved**) and signed **Physical Examination Record** to the Recruiting Team Chairperson listed.

6) Attend one Meeting and one Drill.

To get to know our members, attend the next regularly scheduled drill and business meeting, held the **first and third Tuesday of each month at 8pm at WVAC Headquarters.**

7) CPR Certification

Obtain Certification in CPR from the American Heart Association's **CPR For Healthcare Providers**. We have certified instructors who will train you at no charge. There will be a small fee for your CPR Card. Getting certified on your own will not be reimbursed.

8) Approval

After successfully completing the application, fingerprinting, CPR Certification, and after a successful orientation meeting and with the physician's approval, your Application Package will be forwarded to the Recruiting and Retention Team for their action. If approved, you will need to contact the Captain to arrange your training and Duty schedule.

Name: _____ Age: 16-18 or 19-20 or 21+

Address: _____ Email Address: _____

Town: _____ Primary phone #: _____ Secondary Phone #: _____

Our typical shifts:

Weekdays - 7am - 6:59pm and Weeknights - 7pm - 6:59am
Weekend - Saturday - 7am - 6:59am and Sunday - 7am - 6:59am

Please note times available to volunteer for duty.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Have you ever been convicted of a crime? Y _____ N _____

If so, please describe the nature of the offense(s): _____

Are you physically able to perform the duties of an ambulance corps member? Y _____ N _____

If no, please explain. _____

Do you have any experience as an EMT, Police Officer, or Firefighter? Y _____ N _____

If yes, please list all prior police, fire or EMS affiliations and note years of service. **If you have been a member of a Fire or EMS organization, please include a letter of recommendation from the Senior Line Officer of that organization with this application.**

1. _____ From: _____ / _____ To: _____ / _____

2. _____ From: _____ / _____ To: _____ / _____

What sparked your interest in volunteering with the WVAC?

- Current member: Please provide member name: _____ Newspaper Article
- Newspaper Article CPR Class Newspaper AD Carnival Fundraising Letter Signs in town
- Ambulance in town WVAC Website Volunteermatch.com VolunteerEMS.com

If you are currently enrolled or plan to enroll in college, indicate what months of the year you are unavailable.

I certify that the information provided in this application is true and complete to the best of my knowledge and understand that falsification of any information is grounds for rejection of my application or immediate dismissal.

Signature

Date

I agree to permit further investigation as to my qualifications and background for the purposes of establishing and verifying my eligibility for membership.

The Westwood Volunteer Ambulance Corps, Inc. offers Equal Opportunities. Federal, State, and local laws prohibit illegal discrimination because of race, color, sex, age, religion, creed, national origin, ancestry, marital status, disabled veteran status, or sexual orientation.

I hereby release the Westwood Volunteer Ambulance Corps and the Borough of Westwood from all claims of any nature, whether at law or in equity, which I might have with respect to such investigation.

Further, for and in consideration of being considered for membership, I covenant and agree to refrain from instituting any suit against the Westwood Volunteer Ambulance Corps and the Borough of Westwood which might in any way arise as a result of this right of investigation and waiver with respect thereto.

Additionally, I do hereby give the Westwood Police Department permission to obtain a Division of Motor Vehicle computer abstract of my driving record and a computer abstract of my criminal record.

Print Name

Signature

Date

PARENTAL APPROVAL FOR MINORS

I/We, _____, the parent/parents/
guardian of _____ do hereby give her/him our
permission to become a member of the Westwood Volunteer Ambulance Corps, Inc. Youth Squad
We also hereby give our permission for above youth to be photographed for Corps functions to be
placed in social media/newspaper, etc.

Parent/Guardian name for above minor

Date

RECRUITING TEAM COMMENTS AND APPROVAL

This application is approved by the Recruiting and Retention Committee at the meeting held on

Membership type: _____ Youth Squad _____ Certified Probationary _____ Associate Probationary
(EMT-B) (CPR)

Committee comments:

Hepatitis-B Inoculation Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis-B virus (HBV) Infection. **I have been given the opportunity to be vaccinated with Hepatitis-B vaccine, at no charge to myself.**

However, I decline Hepatitis-B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis-B vaccine, I can receive the vaccination series at no charge to me.

Volunteer Name (printed)

Signature

Date

WVAC EMERGENCY MEDICAL SERVICES

Description of Tasks

CPR: Must be certified from the American Heart Association for Healthcare Providers, receives call from dispatcher, responds to emergency calls, assists in lifting, carrying, and transporting patient (up to 125 lbs.) to ambulance and on to a medical facility, provides equipment (ie. Jumpbag, stairchair, reeves, longboard, etc.) to CC or EMT on scene. Assists in removing patient from ambulance and moving patient into emergency facility.

Driver: Same as above plus uses onboard GPS, reads maps, drives ambulance to emergency site, determines and uses most expeditious route, and observes traffic ordinances and regulations.

EMT: Same as all above plus determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care. May use equipment such as but not limited to, defibrillator and suction unit. Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care. Assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols. Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to that facility, asks for direction from hospital physician or emergency department. Observes patient en route and administers care as directed by physician or emergency department or according to published protocol. Identifies diagnostic signs that require communication with destination facility. Reports verbally and in writing observations about and care of patient at the scene and in-route to facility, provides assistance to emergency staff as required.

ALL of the above does the following: Performs rig checks prior to start of shift (contact CC for time) replaces supplies (If supply is low notify the 2nd Lieutenant.), sends used supplies for sterilization or destruction, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulances cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, may determine vehicle readiness by checking gas, and tire pressure, maintains familiarity with all specialized equipment.

Applicant Name: _____

Applicant Signature: _____

Westwood Volunteer Ambulance Corps Social Media Policy

POLICY

This policy provides guidance for Westwood Volunteer Ambulance Corps (WVAC) member use of social media, which should be broadly understood for purposes of this policy to include blogs, wikis, microblogs, message boards, chatrooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information in a contemporaneous manner.

PROCEDURES ON POSTING ON WVAC RUN SOCIAL MEDIA

1. Only members designated by the proper officers and/or committees (ex: Public Relations or Technology) may create any social media in the name of Westwood Volunteer Ambulance Corps.
2. Once any social media is created, it must be disclosed to the proper officers and/or committees for review before being released to the public.
3. Once any social media is created, only members designated by the proper officers and/or committee may create post on said social media.
4. The purpose of WVAC run social media is: 1) to promote the happenings of WVAC, 2) to promote new members, and 3) community outreach.
5. Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.
6. In adhering to HIPPA laws and confidentiality of the patient, specific information on patients and/or ambulance calls is prohibited, including photos that may reveal such information. The only exception to this is with express written consent of the patient and after review by the officers of WVAC, and legal counsel if appropriate.
7. Disclosing information that pertains to the finances of WVAC, or is legal in nature, is prohibited, unless reviewed and permitted by the proper officers and/or committees.
8. Members who do not adhere to these guidelines will be reported to the proper officers and/or the Board of Trustees, be asked to step down from their social media privileges, and may face disciplinary or other action as appropriate.

PROCEDURES ON MEMBERS POSTING IN RELATION TO WVAC

1. Members may freely associate their affiliation with WVAC on their private social media accounts.
2. When associating with WVAC, members must be professional in social media conduct. Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, inflammatory, or that can create a hostile work environment.

3. In addition, adhering to HIPPA laws and confidentiality of the patient, disclosing specific information on patients and/or ambulance calls is prohibited.
4. Disclosing information that pertains to the finances of WVAC or is legal in nature is prohibited, unless reviewed and permitted by the proper officers and/or committees.
5. Members who do not adhere to these guidelines will be reported to the proper officers and/or the Board of Trustees, and may face disciplinary or other action as appropriate.

Member Name (Printed): _____

Member Signature: _____ Date: _____

PHYSICAL EXAMINATION RECORD

WESTWOOD VOLUNTEER AMBULANCE CORPS, INC

PHYSICIAN: *This form is to be filled out by a practicing physician in the state of New Jersey.*

*Upon completion of the physical examination, this **confidential** form must only be returned to the Chairperson of the Recruitment and Retention Committee and shall become a part of that applicant's permanent file.*

Patient's Name: _____ Date of Birth: _____

Height: _____ Weight (lb): _____ Eyesight: _____ Hearing: _____

Blood Pressure: _____ / _____ Pulse: _____

Does the applicant suffer from any disabilities in any of the following? (circle problematic)

Heart Lungs Joints Arms Legs Feet Hands Hernia Back

No: _____ If yes, please explain:

Has the applicant suffered an injury or had any surgery that may affect his/her performance of duty?

No: _____ If yes, please explain: _____

Is the applicant taking any prescription medications that may affect his/her performance of duty?

No: _____ If yes, please provide details: _____

Has there been any changes since patients last physical?

No: _____ If yes, please explain: _____

Hepatitis-B Inoculation Record (Dates) First _____ Second _____ Third _____

I hereby certify that I am a practicing physician in the State of New Jersey and that this applicant IS / IS NOT (circle one) physically capable of performing the duties of a member of the Westwood Volunteer Ambulance Corps, Inc. which may include assisting in lifting, carrying, and transporting patients (up to 125 lbs.)

Reason for rejection or additional comments: _____

Print Name of physician: _____ Physician Signature: _____

Telephone: _____ Date of Examination: _____