



Incorporated
www.WestwoodVolunteerEMS.org

101 Washington Avenue
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 826 911 emergencies in Westwood and surrounding towns during 2019.

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

- Application Procedure
- Application for Membership (including Parental Approval for Minors)
- WVAC Emergency Medical Services Description of Tasks

Please read each item carefully. If you have any questions, please contact the Recruiting Team Chairperson's listed below or email join@westwoodvolunteerems.org.

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 2020 Recruiting Team

201-664-0003

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

President: [Ed Casey](#), 2nd Lieutenant: [Nicole De Joie](#),

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, NJEMT, NREMT, EMR 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. Fingerprints are done at: *Westwood Police Headquarters at 101 Washington Ave. WW PD will contact you to make an appointment AFTER you have meet with the recruiting team for an interview AND handed in all of what is required. 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 will be required to undergo a physical free of charge by one of our participating physicians. You will receive requirement information at your interview.

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, the Captain will contact you to arrange your training and Duty schedule.

Application for Membership

Westwood Volunteer Ambulance Corps, Inc

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 _____

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

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) or (EMR) (CPR)

Committee comments:

EMERGENCY MEDICAL SERVICES

Description of Tasks

Receives call from dispatcher, responds to emergency calls, reads maps, may drive ambulance to emergency site, determines and uses most expeditious route, and observes traffic ordinances and regulations.

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, and renders appropriate emergency care. May use equipment such as but not limited to, defibrillator and suction unit.

Assists in lifting, carrying, and transporting patient (up to 125 lbs.) to ambulance and on to a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, and 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.

Complies with regulations in handling deceased, notifies authorities, and arranges for protection of property and evidence at scene. 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 enroute and administers care as directed by physician or emergency department or according to published protocol. Identifies diagnostic signs that require communication with destination facility. Assists in removing patient from ambulance and moving patient into emergency 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.

Replaces supplies, 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: _____