



Incorporated  
[www.WestwoodVolunteerEMS.org](http://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 422 911 emergencies in Westwood and surrounding towns during 2020.

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)

Please read each item carefully. If you have any questions, please contact the Recruiting Team Chairperson's listed below or email [join@westwoodvolunteerems.org](mailto: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 2021 Recruiting Team**

201-664-0003

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

**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 for EMS or Chief for FD. 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 18<sup>th</sup> 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 & 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 EMS Captain or FD Chief 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.

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

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**PARENTAL APPROVAL FOR MINORS**

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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

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**RECRUITING TEAM COMMENTS AND APPROVAL**

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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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_