



WESTWOOD VOLUNTEER AMBULANCE CORPS, INC.

## **Overview for Prospective Members**

**Emergency Medical Responder (EMR) training and requirements:** approximately 90 hours online or in person. Courses are available at the Bergen County Emergency Medical Services Training Center or through our organization. To register with the BCEMS:

<https://emsregistration.bergen.org/index.php/course-registration>. This certification will introduce you into the world of Emergency Services. This is strongly encouraged for those who wish to become an EMT. If you wish to go this route, you must complete this within 6 months of joining.

**Emergency Medical Technician (EMT) training and requirements:** approximately 250 hours in person. Training is held at the Bergen County Emergency Medical Services Training Center in Paramus, NJ. To register: <https://emsregistration.bergen.org/index.php/course-registration>. Class hours vary throughout the year. Classes are held either in the beginning of the year, summertime, or in the fall (and are occasionally held on Saturdays and Sundays in the course of four months). Hybrid classes are also available for those who require a bit more flexibility in their schedules. *(EMT textbooks and materials will be reimbursed after successfully completing the National EMT exam AND after 6 months of active riding)*. This is strongly encouraged for those who want to override the EMR program and become EMTs quickly. It is an intensive program, but highly recommended.

**To be eligible for the EMT Certification:** As per the Bylaws, candidates must have and do the following within a six month period and must be a WVAC member in good standing. To be in eligible:

- Possess a valid CPR course completion card
- Attend both monthly drills and business meetings
  - Drills are held the on the first Tuesday of the month at 8pm; must attend 60% of the drills
  - Business meetings are held on the third Tuesday of each month at 8pm; must attend 60% of the monthly business meetings
- Ride for a minimum of 32 hours per month with the exception of youth and college members
  - Riding schedule: our Corps uses When2Work to coordinate scheduling
- Schedules are prepared a month prior. It is the member's responsibility to coordinate scheduling with the Captain (this is includes adding, dropping, or trading shifts) **(Members are strongly encouraged to volunteer for a minimum of one weekend shift per month)**

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.

**Events:** We strongly recommend that each member participate at WVAC functions. Some are: Memorial Day Parade, Carnival, 9/11 Ceremony, Home for the Holidays.

**Background check:**

- Driver’s License Check: The WVAC organization is insured by the Joint Insurance Fund through the borough. All members must be approved in order to drive either the rig or when using a blue light.
- Fingerprints: All members 18 and older, must be fingerprinted to complete a background check. If you turn 18 after becoming a member, you must also be fingerprinted within 10 days of your birthday. To obtain a fingerprint, please call 201-664-7000 ext. 152, the Borough’s Administrative Assistant to arrange an appointment with the Westwood Police Department.

**Each new applicant must have the following items completed within a certain timeframe.**

**Please see below chart for below details:** \*\*Reimbursement available after completion after 6 months of service

<b><u>Document</u></b>	<b><u>Within</u></b>
Application	No time frame; includes release information, etc
Bloodborne Pathogens	10 days of application and an annual refresher is required; create an account at <a href="https://firstnetcampus.com/meljif2/entities/Mel/lo gon.htm">https://firstnetcampus.com/meljif2/entities/Mel/lo gon.htm</a>
IS-100b – Introduction to Incident Command System (ICS)	10 days of membership; <a href="https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c">https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c</a>
Developmental Disabilities Awareness Training	10 days of membership;
Physical Exam**	30 days of application
Hepatitis B Inoculation Series**	30 days of application; it is recommended to do it when you are getting your physical. If you wish decline, you may sign a letter of declination
Hazard Communications and the Globally Harmonized System Training – N.J.S.A. 34:5A-13	30 days of membership; <a href="https://firstnetcampus.com/meljif2/entities/Mel/lo gon.htm">https://firstnetcampus.com/meljif2/entities/Mel/lo gon.htm</a>
IS 700a – NIMS – An Introduction	30 days of membership; <a href="http://training.fema.gov/EMIWeb/is/is700a.asp">http://training.fema.gov/EMIWeb/is/is700a.asp</a>

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CPR Card	Must be submitted after application completion
Coaching Emergency Vehicle Operations (CEVO)**	90 days of membership;
Hazmat –First Responder Awareness Level - 29 CRF 1910.120(p)(8)(iii)	9 months of application;

**Pre-membership Requirements:**

- Meet with Captain and President
- Read the By-Laws and Standard Operating Guidelines (SOG's)

**Pre-Application for membership**

**Name:**

**Age:**

**Address:**

**Email Address:**

**City:**

**Primary Phone Number:**

**Secondary Phone Number:**

**Availability Schedule**

Please provide your available schedule. We ride days, evenings, and overnights!

	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. \_\_\_\_\_

**What sparked your interest in volunteering with the WVAC?**

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**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.

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Signature

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Date