

P.O. Box 131
Demarest NJ 07627

Dear Demarest Volunteer Ambulance Corps, INC Applicant,

We are glad you are considering serving your neighbors here in Demarest as a member of the Demarest Volunteer Ambulance Corps, Inc. We are a completely volunteer organization; no member is paid for services or time. We operate with income from two sources: (1) Donations of residents and businesses and a donation from the Borough of Demarest. Yearly we respond to roughly 400 medical emergencies in Demarest and surrounding towns.

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 (to be completed by a MD/DO)
- Hepatitis B 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 feel free to send a message to the Membership Secretary at dvacsecretary427@gmail.com.

Finally, this is a link to the Bergen County EMS School in Paramus [BCEMSTC \(google.com\)](https://www.google.com). Use the link to find EMT Class schedules next semester. This will help you plan your EMT School calendar. EMT school lasts approximately 380 hours. There is no cost to the members for training. Uniforms are also supplied to all members at no cost.

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

Again, thanks for your interest!

Demarest Volunteer Ambulance Corps

201.767.8050

Leave a message and we will get back to you!!!

1) Application / Authorization to Release Information

- A) Complete and sign the application.
- B) Carefully read and sign the Authorization to Release Information form. We will check your background, motor vehicle record, criminal record, etc.
- C) Provide a copy of any current certifications: CPR (must be BLS Health Care Provider), NJ EMT or NREMT, etc. when submitting your application.

D) Application Must be stamped by a notary public prior to handing in your application to the committee.

2) Letter of Reference (ONLY if coming from another organization)

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) Physical Examination

To ensure that you are physically able to perform the volunteer work you are seeking, you must visit a Physician for a basic examination. Return the completed (**Please ensure that your MD has circled "IS" or "IS NOT" approved**) and signed **Physical Examination Record** to your Recruiting Team contact. Please request reimbursement for the unreimbursed cost of the physical after successful completion of your EMT-B course and/or probationary period. Schedule your appointment at your convenience.

4) CPR Certification

Obtain Certification in CPR that is equal to American Heart Association's **CPR for Healthcare Providers**. This certification must be completed prior to attending EMT class. We can provide this training.

5) Approval

After successfully completing the application and after a successful orientation meeting and with the physician's approval, your Application Package will be forwarded to the Recruiting Team for their action. If approved, you will be contacted by the Chief to arrange your training and Duty schedule (if applicable).

Name: _____ Date of Birth: _____

Age: 16-17 or 18-20 or 21+

Address: _____ Email Address: _____

Town: _____ Home Phone #: _____ Cell Phone #: _____

Our typical shifts:

Days 6am - 8pm and Nights 8pm – 6am (or partial shift during those times)

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 DVAC?

- Current member: Please provide member name: _____
- Newspaper Article CPR Class Facebook Page Demarest Day Fund drive Letter
- Signs in town Ambulance in town Word of mouth Okoberfest VolunteerEMS.com

If you are currently enrolled or plan to enroll in college or trade school, 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

Public Notary Stamp

Authorization to Release Information

DEMAREST VOLUNTEER AMBULANCE CORPS, INC

I agree to permit further investigation as to my qualifications and background for the purposes of establishing and verifying my eligibility for membership. I also understand that the physical examination by the Primary Care Doctor determines my fitness to serve as a member. (Doctor Physical Form Attached)

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

Further, for and in consideration of being considered for membership, I covenant and agree to refrain from instituting any suit against the Demarest Volunteer Ambulance Corps and the Borough of Demarest 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 Chief, Demarest Police Department permission to obtain a Division of Motor Vehicle computer abstract of my driving record and a computer abstract of my criminal record. This information may only be given to the President, Demarest Volunteer Ambulance Corps. (Should the applicant not have a DL, they are exempt from having to get a drivers abstract)

Signature

Social Security Number

Telephone Number

Date

Driver's License Number

PARENTAL APPROVAL FOR MINORS

I/We, _____, the parent / parents / guardian of
_____ do hereby give her/him our permission to become
a member of the Demarest Volunteer Ambulance Corps, Inc. Cadet Squad.

Parent/Guardian for above minor

Committee comments:

Committee Recommendation:

- Committee Approval for applicant to be brought to the meeting for membership
- Committee Denies Application (Elaborate Below)

RECRUITING COMMENTS AND APPROVAL OR DENIAL

This application is approved / denied by the Recruiting Committee at the meeting held on

Membership type:	_____ Probationary
_____ Youth Squad (16-17)	(No current certifications)
_____ EMT/Probationary (CPR)	_____ EMR / Probationary (Ambulance Operations Course and CPR)
_____ Denied Membership (See above)	

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 currently. 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.

Already have Hep B Vaccination and will provide copies to the organization as soon as possible.

Volunteer Name (printed)

Parent Name (For Minors Only)

Signature

Signature

Date

Date

PHYSICAL EXAMINATION RECORD DEMAREST VOLUNTEER AMBULANCE CORPS, INC

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 be returned to the Recruitment Committee and shall become a part of that applicant's permanent file.***

Patient's Name: _____ Date of Birth: _____

Height: _____ Weight (lbs.): _____

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: _____

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 Demarest Volunteer Ambulance Corps, Inc.

Reason for rejection or additional comments: _____

Print Name of physician: _____

Physician Signature: _____

Telephone: _____ Date of Examination: _____