



Application for Membership



Mountainside Rescue Squad

1399 U.S. Highway 22 East

Mountainside, NJ 07092

squad@ems22.com

908-233-6338

Thank you for your interest in joining the Mountainside Rescue Squad. The following is a general guide for the membership process.

1. Submit your completed application, excluding the letters of recommendation and physical section, to the rescue squad via mail or by placing the application in the squad's mailbox.
2. Ask the two persons writing your letters of recommendations to complete and mail the recommendations directly to the squad.
3. Ask your physician to complete the Physical section and return it to you to be submitted with your application.
4. The Executive Board will review your application at the next board meeting, usually on the first Wednesday of the month.
5. You will be asked to meet with the Executive Board at that meeting or the following meeting.
6. After the review of the application and the recommendations, the Executive Board will then inform you as soon as possible of your membership status.

Please print the information on all documents neatly and use only a BLACK or DARK BLUE ball-point pen.

Application for Membership

Personal Information

NAME		CHECK IF 18 OR OLDER <input type="checkbox"/>	
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	CELL PHONE PROVIDER	EMAIL

SOCIAL SECURITY NUMBER AND DRIVER'S LICENSE WILL BE NEEDED UPON MEMBERSHIP ACCEPTANCE

Employment/Education

PRIMARY EMPLOYER	
SCHOOL (if student)	
WORK PHONE	SCHOOL PHONE (if applicable)
EMERGENCY CONTACT (name/relationship/phone)	

Current EMT & Other Certifications (if applicable, else we will train new members)

EMT EXPIRATION & #
CPR EXPIRATION
OTHER CERTIFICATIONS

Please attach copies of all certifications listed above.

References (Please list at least two people who know you well and who are not relatives.)

NAME	ADDRESS	PHONE NUMBER

Please forward the recommendation forms to at least two of your references listed above

Have you been a member of any other rescue squads? (If yes, give names of squads, dates of membership, and reason for leaving.)

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Authorization

I hereby certify that all of the information I supply in this application is correct to the best of my ability. I understand that this application will be reviewed by the Executive Board of the Mountainside Rescue Squad. I understand that they will contact my references, and interview me. I understand that if I am selected for membership, they will check my driving record, and perform a background check. I understand that any falsifications on this application or in my interview may prevent my acceptance as a member or be cause for expulsion from the squad if found after my acceptance. If accepted I agree to uphold the bylaws and any other rules and regulations of the Mountainside Rescue Squad.

SIGNATURE

(IF UNDER 18, signature of parent or guardian is required)

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

I release from liability any member, agent, or employee of the Mountainside Rescue Squad who acts and relies in good faith on the information gathered as a result of this application and background check.

APPLICANT SIGNATURE

DATE

APPLICANT NAME (PRINTED)

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**Mountainside Volunteer Rescue Squad Official
Photo/Interview Information Release Form**

I _____,
(please print full name)

do hereby give the Mountainside Volunteer Rescue Squad (and its affiliates, subsidiaries, related companies) the right to use my name, picture, interview information, portrait, or photograph in all forms and media and in all manners, including composite or other representations, for use in advertising in print.

Signature _____

Address: _____

Email: _____

Telephone: _____ **Date:** _____

_____ Additionally, I authorize the right to use my name, picture, interview information,
(initial) portrait or photograph on any or all web sites or social media pages.

_____ I have reviewed the content (video, written interview, pictures) to be printed or
(initial) posted and I approve of sharing the information.

Minor Consent

I am the parent and guardian of the minor named above, and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Full name (please print): _____

Signature: _____

Address: _____

Telephone: _____ Date: _____

EMT Physical Activity Requirements

Mobility

The applicant must have physical abilities sufficient to lift, balance, and carry patients in excess of 125 lbs (250 lbs with the assistance of another person) from initial location to ambulance including negotiating stairs, hazardous terrain, and/or uneven terrain. Safely operate heavy manual/power equipment and drive large vehicles, under extreme environmental conditions.

Examples:

- Enter/exit ambulance without assistance.
- Perform physical activities involved with EMS delivery for up to 12 continuous hours without a break.
- Negotiate hazardous scenes in all environmental extremes including but not limited to light/dark, heat/cold, wet/dry/frozen scenes.
- Must be able to don appropriate personal protective devices (PPDs) without assistance. Examples include but are not limited to gloves, masks, respirators, eyewear, and gowns.

Motor Skills

The applicant must have the physical ability to perform gross and fine motor skills required in the normal duties of EMS. This includes but is not limited to CPR, bandaging, splinting, childbirth, extrication, oxygen and pharmacological administration, defibrillation, equipment relocation, and patient handling.

Examples:

- Perform physical tasks requiring prolonged physical exertion including but not limited to CPR, walking for long periods of time while carrying equipment and/or patients, assisting in vehicle extrication, extrication of a victim from the confines of a structure (residence, business, industry, or mobile dwelling).
- Perform physical tasks requiring detailed activity.
- Perform physical tasks requiring walking, crawling, stooping, bending, kneeling, or working prone or supine including but not limited to patient transfer, movement, and extrication.

Self-Care

The applicant must have the ability to present professional appearance and implement measures to maintain their own health.

Examples:

- Implement universal precaution and other appropriate means of body substance isolation.
- Wear and function in personal protective clothing.
- Participate in stress management activities.

Hearing

The applicant must have the auditory ability (with or without accommodation) sufficient to assess and monitor patient's health needs, to determine personal danger at emergency scenes, hear requests for aid, and hear verbal orders and instructions from members of the medical care team.

Examples:

- Assess breath sounds (qualitative and quantitative)
- Assess blood pressure by auscultation
- Assess sounds associated with upper airway obstruction
- Hear physician orders via standard radio or telephone links
- Hear dangers/warnings associated with hazardous scenes
- Hear audible signals during rescue operation
- Hear voices under protective equipment
- Hear Dispatchers communication via standard radio and telephone links
- Hear preceptors instructions and directions
- Hear warning devices on other vehicles that may be encountered during the operation of an emergency vehicle. Examples include but are not limited to approaching sirens, backup alarms, and horns.

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EMT Physical Activity Requirements (cont'd)

Visual

The applicant must have visual ability (with or without accommodation) sufficient for assessment, observation, and implementation of patient care, for determination of scene hazards that potentially affect the well-being of self, patient, coworkers, and for driving an emergency vehicle.

Examples:

- Read and understand orders and/or instructions.
- Observe and identify patient signs including but not limiting to paleness (white), cyanosis (blue), erythema (redness), jaundice (yellow), ecchymosis (bruising), swelling, burns, blisters, deformity, hemorrhage, fluid and blood loss, pupillary response, reflexes, hives, and pitting edema.
- Observe patient responses to treatment.
- Read labels on medication.
- Investigate scenes to determine cause and severity of injury/illness.
- Prepare documentation.
- Perform patient care techniques that require fine visual skills including but not limited to suctioning, pharmacological administration of patient's medications, bandaging, and splinting.
- Perform patient care techniques that require visual skills necessary to prevent injury to other parties including but not limited to: defibrillation, patient handling, extrication, and rescue coordination.
- Perceive depth such as hives and pitting edema.

Smell

The applicant must have olfactory senses sufficient for maintaining environmental, patient, and personal/coworker safety.

Examples:

- Determine smells contributory to patient assessment such as fruity odors, alcohol smell, and acetone.
- Determine smells contributory to self-preservation and safety of patients and coworkers including but not limited to smoke, burning materials, gasoline and noxious fumes.

Tactile

The applicant must have tactile ability sufficient to assess physical health and perform activities requiring dexterity combined with tactile ability.

Examples:

- Palpate pulses (quantitative and qualitative).
- Palpate blood pressure.
- Palpate crepitus.
- Palpate subcutaneous emphysema.
- Palpate rigidity/guarding of abdomen.
- Palpate edema.
- Palpate anatomical structures to determine normalcy/abnormality.
- Palpate masses.
- Assess skin temperature and diaphoresis (presence/absence).
- Determine presence of fluid on patients in dark environments.
- Safely handle sharps such as needles and lancets.
- Open medication containers such as prescription bottles and ampules.

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Medical Section

DATE OF LAST EXAM	NORMAL BP
ALLERGY TO LATEX <input type="checkbox"/> NO <input type="checkbox"/> YES	
IF YES, SEVERITY	
ALLERGIES TO MEDICATIONS	

Physical Limitations (see EMT Physical Activities)

Comments

Doctor, Nurse Practitioner, or Physicians Assistant

NAME (PRINTED)		PHONE	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE			DATE

Mountainside Rescue Squad



Dear _____:

_____ has recently applied to become a member of the Mountainside Rescue Squad. The Rescue Squad is a volunteer organization dedicated to providing emergency medical care and emergency transportation to those in need. Committed members are needed to fulfill these needs. Our members receive extensive training and must maintain their skills through ongoing continuing education. Members donate many hours throughout the day and night.

_____ has asked you to be a reference for him/her. Your comments in the following area would be appreciated. A return envelope has been enclosed for your convenience.

How long have you known this person? _____

In what capacity do you know him/her? _____

Please Check Box Where Appropriate

	GOOD	AVERAGE	FAIR	POOR	UNKNOWN
INTELLIGENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROSPECTS FOR SUCCESS AS A SQUAD MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments

NAME (PRINTED)

CONTACT PHONE:

SIGNATURE DATE

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Comments

NAME (PRINTED) _____

CONTACT PHONE: _____

SIGNATURE _____ DATE _____

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