



## Woodbridge Township Ambulance & Rescue Squad

77 Queen Road  
Iselin, NJ 08830-2624  
732-634-9408 ext 310

Dear Applicant,

Thank you for your interest in the Woodbridge Township Ambulance and Rescue Squad, Inc. This letter provides a brief explanation of basic requirements of the application process, member's duty and probationary requirements, as well as the Rescue Squad Structure.

The Woodbridge Township Ambulance and Rescue Squad, Inc. have been serving the community since 1937. The Rescue Squad is made up of the Woodbridge Emergency Squad, Iselin First Aid Squad and Hopelawn First Aid Squad. The Rescue Squad is proud of its volunteering staffing, modern equipment and progressive emergency service operations. We have attained this status using primarily volunteer personnel supplemented with paid EMT positions. We hope you will make the commitment needed to come part of this team and as such, part of the tradition of excellence.

### **Membership Application Procedure:**

Read the entire information packet. Fill out **all portions** of the application

Return the application in person during the day Monday thru Friday or you may place your application in an envelope and place inside our mailbox outside. Please call 732-634-9408 ext. 310 if you have any questions.

**Also include with your application the following:**

1. Copy of birth certificate, passport, alien residence certificate and driver's license.
2. Copy of High School diploma, GED or other proof of high school graduation equivalency. Youth member applicants are required to provide name of high school, current grade and name of guidance counselor.
3. Copy of DD Form 214 (Separation Document) if you have served at any time in the armed forces.
4. The Rescue Squad's Code of Conduct is included in this packet. Sign and return one copy with the application and keep the other.
5. Original training certificates for Emergency Medical Technician (EMT), CPR, First Aid, Defensive Driving or any other related training certificate must be given with this packet.

The Rescue Squad will contact references provided by the applicant and will contact the applicant with a date and time for an interview upon receipt of the completed application. The Rescue Squad would like to thank you for interest in the Rescue Squad and your community. If you have any question please contact Administrative Assistant Nicole Tucka at 732-634-9408 ext. 310.

Sincerely,

Edward Barrett  
President

WTARS Form 1 –Rev 05/02/2019

# Application for Paid Position

Dear Applicant,

Thank you for your interest in applying for a position with The Woodbridge Township Ambulance & Rescue Squad, Inc. This letter provides a brief explanation of basic requirements of the application process. Woodbridge Township Ambulance & Rescue Squad, Inc. is an equal opportunity employer.

## Basic Requirements:

- New Jersey State Department of Health Certified Emergency Medical Technician.
- New Jersey Driver's License.
- Two year minimum of 911 or volunteer service
- National Safety Council CEVO course completed within the last three years.
- High School diploma or GED certificate.
- No more than three (3) violation points on your driving record.
- Meet physical requirements of providing emergency care with one other EMT.
- Successfully pass drug-screening process.
- Successfully pass background and criminal history investigation.
- Must be willing to work some weekends and holidays.

## Application Procedure:

- Read entire information packet.
- Completely fill out all portions of the application.
- Submit with application:
  - Original copy of your Emergency Medical Technician certification.
  - Original copy of your professional rescuer CPR certification.
  - Original copy of your CEVO certification.
  - Original copy of your New Jersey Drivers License.
  - Copy of birth certificate, passport, alien residence certificate & work visa.

Once you fill out your application, you will need to return it in person or use our drop box out front. Any questions, please call Nicole Tucka at 732-634-9408 ext 310. You will be asked to sign an authorization to release form and a form for a background check with the Woodbridge Township Police Department that need to be witnessed.

Applications may be obtained at Squad Headquarters or on our web site at <http://woodbridge-ems.net>



**Woodbridge Township Ambulance &  
Rescue Squad**  
77 Queen Road  
Iselin, NJ 08830-2624  
732-634-9408 ext 310

**EMERGENCY MEDICAL TECHNICIAN  
Position Profile**

The Woodbridge Township Ambulance & Rescue Squad is now accepting applications for Emergency Medical Technicians.

**SUMMARY POSITION DESCRIPTION**

- Engages in the provision of basic life support pre-hospital care activities for the Woodbridge Township Ambulance & Rescue Squad, and does related work as required by the Chief.

**PERFORMANCE STANDARDS**

- Provides basic life support care for the patients in the pre-hospital environment to the New Jersey D.O.H. standards independently with minimal supervision. Ability to determine the extent of illness or injury of patient and administer the appropriate care, and transport the sick or injured to a medical facility. Must accurately execute reports concerning patients and patient care to Squad standards.
- Perform daily ambulance inventories and inspections and maintain the cleanliness of all Squad vehicles.
- Perform general housekeeping duties as required.

**KNOWLEDGE, SKILL & ABILITY REQUIRED TO PERFORM JOB**

- Knowledge
  1. Comprehensive knowledge of emergency medical services principles and techniques
  2. Comprehensive knowledge of all laws and regulations pertaining to E.M.S.
  3. Comprehensive knowledge of all Squad rules and regulations as posted by the Chief and Board of Directors
- Skill
  1. Skill to perform duties required as a New Jersey Emergency Medical Technician
  2. Skill and experience in the operation of an ambulance, its equipment and communications system
- Ability
  1. Ability to work well with volunteer and paid staff
  2. Ability to establish and maintain cooperative relationships within the organization
  3. Good physical and mental condition, capable of performing assigned duties

**MINIMAL QUALIFICATIONS**

- New Jersey State Department of Health Certified Emergency Medical Technician
- New Jersey Drivers License
- National Safety Council CEVO course completed within the last three years
- High School diploma or GED certificate

**ADDITIONAL QUALIFICATIONS**

- No more than three (3) violation points on your driving record
- Meet physical requirements of providing emergency care with one other EMT
- Successfully pass drug-screening process
- Successfully pass background and criminal history investigation

# STOP AND READ THE FOLLOWING

## MAKE SURE TO HAVE THE FOLLOWING DOCUMENTS TO ENSURE YOUR APPLICATION IS PROCESSED. YOUR APPLICATION WILL NOT BE LOOKED AT WITHOUT THESE DOCUMENTS.

### CHECK LIST

- Copy of birth certificate, passport, alien residence certificate and driver's license, or school I.D.
- Copy of High School diploma, GED or other proof of high school graduation equivalency. Youth member applicants are required to provide name of high school, current grade and name of guidance counselor.
- Copy of DD Form 214 (Separation Document) if you have served at any time in the armed forces.
- The Rescue Squad's Code of Conduct is included in this packet. Sign and return one copy with the application and **keep the other.**
- Original training certificates for Emergency Medical Technician (EMT), CPR, First Aid, Defensive Driving or any other related training certificate must be given with this packet.
- You must make an appointment and bring the paper from the Woodbridge Police Department Background Investigation Unit for your fingerprints.

**WOODBRIAGE TOWNSHIP AMBULANCE & RESCUE SQUAD, INC.**  
**77 Queen Road, Iselin, NJ 08830**

MEMBERSHIP/EMPLOYMENT APPLICATION

Volunteer \_\_\_\_\_ Employee \_\_\_\_\_

**Please Print All Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Other Number: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**IF NOT AT CURRENT ADDRESS FOR THE PAST 5 YEARS, LIST ALL ADDRESSES DURING THAT PERIOD**

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

**List all employers starting with current or last employer. The history should cover the last 5 years.**  
**(Use reverse side for additional employers if necessary.)**

**EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

**MILITARY BACKGROUND**

Branch of Service: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_  
Discharge Type: \_\_\_\_\_ Current Status: \_\_\_\_\_  
Job Related Training: \_\_\_\_\_

**EDUCATION BACKGROUND**

High School: \_\_\_\_\_ City/State: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ Graduated: Y N (CIRCLE ONE)  
College: \_\_\_\_\_ City/State: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ Graduated: Y N (CIRCLE ONE)  
Professional: \_\_\_\_\_ City/State: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ Graduated: Y N (CIRCLE ONE)  
Other: \_\_\_\_\_ City/State: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ Graduated: Y N (CIRCLE ONE)

**EMS BACKGROUND**

<b>COURSE</b>	<b>LOCATION</b>	<b>AGENCY</b>	<b>DATE</b>	<b>EXPIRES</b>
<b>EMT</b>				
<b>CPR/BLS</b>				
<b>FIRST AID</b>				
<b>1<sup>ST</sup> RESPONDER</b>				
<b>OTHER</b>				

**\*\*Please attach copies of your current certifications and driver's license.\*\***

<p><b>EXPERIENCE: EMS/FIRE/RESCUE/AUXILARY POLICE</b>  <b>LIST ALL COMMUNITY SERVICE ORGANIZATIONS</b>  <b>(Use reverse side for additional service organizations if more than 3)</b></p>
---

Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Description of Duties: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Description of Duties: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

<b>MISCELLANEOUS INFORMATION</b>
----------------------------------

Have you ever applied to us before? (If YES, when?) \_\_\_\_\_ Y\_\_\_\_ N\_\_\_\_  
 (Us meaning: Woodbridge Emergency Squad, Iselin First Aid Squad, Hopelawn Engine Company First Aid Squad or the Woodbridge Township Ambulance & Rescue Squad Inc.)

Have you ever been a volunteer/employee with us? (If YES, when?) \_\_\_\_\_ Y\_\_\_\_ N\_\_\_\_

Have you ever been arrested as a Juvenile/Adult? (If YES, when?) \_\_\_\_\_ Y\_\_\_\_ N\_\_\_\_

Have you ever been convicted of a crime/offense as a Juvenile/Adult other than a traffic violation?  
 (Conviction will not necessarily disqualify you from membership/employment) Y\_\_\_\_ N\_\_\_\_

Have you ever been ticked for a traffic violation involving the operation of a motor vehicle?  
 If YES, **when** and **what for**: \_\_\_\_\_ Y\_\_\_\_ N\_\_\_\_

Are you a citizen of the United States? Y\_\_\_\_ N\_\_\_\_  
 if NO, does your immigration status permit you to work? Y\_\_\_\_ N\_\_\_\_  
 (If YES, then attach a copy of your Green Card).

<b>REFERENCES (At least 3 adult required and none from our Squad)</b>
---

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Years known: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Years known: \_\_\_\_\_

I certify that the answers given in this application are true and complete to the best of my knowledge. The completion of this application means that you give this organization permission to contact the references listed herein. I further authorize the investigation into any and all statements made or implied in this application as may be necessary for the organization to reach a membership/employment decision. I also understand I will be finger printed as per a Woodbridge Township ordinance governing volunteer organizations.

In the event I am accepted for membership/employment, I understand that any false or misleading information I knowingly provided in my application or at my interview(s) may result in my discharge or legal action. I understand that as a member/employee I am required to abide by all the rules and regulations of this organization and I will do so faithfully.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
(If applicant is under 18 years of age)

Dated: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_



## Woodbridge Township Ambulance & Rescue Squad

P.O. Box 911  
Iselin, NJ 08830  
732-283-0594

### Authorization to Release Information

This is to certify that I, \_\_\_\_\_ am an applicant for the position of Emergency Medical Technician with the Woodbridge Township Ambulance & Rescue Squad, Inc. and that I do hereby authorize the release of any and all information to the Woodbridge Township Ambulance & Rescue Squad, Inc. that they may request from any of my records or files. Such information will include, but will not be limited to:

- Military records
- Police records
- Arrest records
- Court records
- Traffic and motor vehicle records
- Employment records
- Educational records and transcripts

I also release all persons from any and all liability that could result from furnishing said information to the Woodbridge Township Ambulance & Rescue Squad, Inc. or any of its agents.

Further, I authorize the Woodbridge Township Ambulance & Rescue Squad, Inc. to copy or otherwise reproduce this original document and let such copied or otherwise reproduced copy act as the original instrument. This original document is to be retained on file with the Woodbridge Township Ambulance and Rescue Squad, Inc. and this authorization to release information shall not expire.

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_  
*if applicant is under 18 years of age.*

#### Witness

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_



WOODBIDGE TOWNSHIP POLICE BACKGROUND INVESTIGATION UNIT

BY APPOINTMENT ONLY: PLEASE CALL 732-634-4500 EXT. 7129

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Cell#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

I am applying for: \_\_\_\_\_ Paid Position: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND

Agency Name: WOODBIDGE TOWNSHIP AMBULANCE & RESCUE SQUAD INC

Address: 77 QUEEN ROAD, ISELIN, NJ 08830

Contact Person: ADMIN ASSISTANT Telephone: 732-634-9408 ext. 310

\*\*In exchange for being considered for a position as a paid or volunteer firefighter/emergency medical services/CERT personnel, I hereby authorize the Woodbridge Township Police Department to conduct a comprehensive criminal/juvenile delinquency history search to the appropriate agency. I understand that I waive any right or claim to privilege or confidentiality in regard to this search and dissemination. I understand this check will be completed every 3 years until I depart from my position.\*\*

Signature of Applicant: \_\_\_\_\_

\*\*DO NOT WRITE BELOW THIS LINE\*\*

RESULTS:	No Record	Record Attached
N.C.I.C. Warrants	_____	_____
Local Warrants	_____	_____
Local Arrest Record	_____	_____
N.J. Criminal Arrest Record	_____	_____
Juvenile Arrest Record	_____	_____

Driver's License: Valid: \_\_\_\_\_ Suspended: \_\_\_\_\_ Points: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**WOODBIDGE POLICE DEPARTMENT  
VOLUNTARY AGREEMENT FOR FINGERPRINTS/PHOTO**

I, \_\_\_\_\_, voluntarily agree to have the Woodbridge Police department take fingerprints and photos of me for investigating purposes.

I understand that I do not have to participate in taking of these fingerprints and this written permission is given by my voluntarily without threat or promises of any kind being made to me by anyone.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LOCATION AND DATE

Witnesses:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
LOCATION AND DATE

\_\_\_\_\_  
LOCATION AND DATE

**Please return this signed form with your application and take the background check form with you to the Woodbridge Police Department.**

**(Applicant's Copy)**  
**Woodbridge Township Ambulance & Rescue Squad, Inc.**

**Code of Conduct**

This code is not intended to cover every possible situation that may arise. It is, however, intended to serve as guide to give a basic understanding of expected conduct and performance. Unfit conduct, as described below, will not be tolerated and disciplinary action will be taken, regardless of position. Disciplinary action may include suspension, expulsion, and/or legal action.

The Woodbridge Township Ambulance & Rescue Squad, Inc. (Herein referred to as the Rescue Squad) is committed to providing quality care and services that meet the needs of our patients and the communities we serve. No conduct that is immoral, unsafe, unethical or illegal will be tolerated by the Rescue Squad. Such conduct is listed, but not limited to, the ones below:

1. **Breach of Confidentiality:** Any information about a patient's condition, care or treatment must not be discussed with anyone except those who are directly responsible for the individual's care and treatment. Carelessness or thoughtlessness, including conversations in public areas in and outside the Rescue Squad, leading to the release of confidential information is not only unethical, but could create legal ramifications for both the offender and the Rescue Squad. Inquiries from the police, press, insurance companies, and attorneys must be referred to the Chief.
2. **Insubordination:** Refusing, by work or action, to cooperate with a line officer, executive officer, or crew chief directive.
3. **Harassment:** The Rescue Squad strives to maintain a work environment free from conduct that harasses, disrupts or interferes with an individual's work performance or conduct, which creates an intimidating, offensive or hostile environment. Each member will demonstrate appropriate respect and consideration for one another and our communities. No sexual and/or verbal harassment will be tolerated.
4. **Alcohol:** Possession or drinking of alcoholic beverages on the Rescue Squad's premises or ambulance at any time will not be tolerated, separate from approved functions held in the area known as Monarch Hall. Also, reporting to a call in an intoxicated condition or with alcohol on the breath.
5. **Property Damage:** Deliberate or negligent destruction and/or theft of the Rescue Squad's property or the property of another member, visitor or patient are cause for disciplinary and/or legal action.
6. **Profanity:** The use of profanity will not be tolerated. All members will conduct themselves in a professional manner.

7. Violence: Fighting and/or any violent act or threat of violence, against any person is cause for disciplinary and/or legal action.
8. Falsifying Records: Falsifying any records or call cards is both immoral and illegal. Any changes or additions will be attached by an addendum with time, date and signature of person making changes. Time and date included must be the time in which the changes are made.
9. Slander: Members will not make any false or misleading statements about the Rescue Squad or its members or any other organization.
10. Visitors: All visitors and guest will adhere to the rules listed above. Members are responsible for their guest's conduct while on squad property or at a squad function.

I have received, read and understand the foregoing document.

---

(Signature and Date)

---

(Print Name)

---

(Witness & Title)

**(Squad's Copy)**  
**Woodbridge Township Ambulance & Rescue Squad, Inc.**

**Code of Conduct**

This code is not intended to cover every possible situation that may arise. It is, however, intended to serve as guide to give a basic understanding of expected conduct and performance. Unfit conduct, as described below, will not be tolerated and disciplinary action will be taken, regardless of position. Disciplinary action may include suspension, expulsion, and/or legal action.

The Woodbridge Township Ambulance & Rescue Squad, Inc. (Herein referred to as the Rescue Squad) is committed to providing quality care and services that meet the needs of our patients and the communities we serve. No conduct that is immoral, unsafe, unethical or illegal will be tolerated by the Rescue Squad. Such conduct is listed, but not limited to, the ones below:

11. **Breach of Confidentiality:** Any information about a patient's condition, care or treatment must not be discussed with anyone except those who are directly responsible for the individual's care and treatment. Carelessness or thoughtlessness, including conversations in public areas in and outside the Rescue Squad, leading to the release of confidential information is not only unethical, but could create legal ramifications for both the offender and the Rescue Squad. Inquiries from the police, press, insurance companies, and attorneys must be referred to the Chief.
12. **Insubordination:** Refusing, by work or action, to cooperate with a line officer, executive officer, or crew chief directive.
13. **Harassment:** The Rescue Squad strives to maintain a work environment free from conduct that harasses, disrupts or interferes with an individual's work performance or conduct, which creates an intimidating, offensive or hostile environment. Each member will demonstrate appropriate respect and consideration for one another and our communities. No sexual and/or verbal harassment will be tolerated.
14. **Alcohol:** Possession or drinking of alcoholic beverages on the Rescue Squad's premises or ambulance at any time will not be tolerated, separate from approved functions held in the area known as Monarch Hall. Also, reporting to a call in an intoxicated condition or with alcohol on the breath.
15. **Property Damage:** Deliberate or negligent destruction and/or theft of the Rescue Squad's property or the property of another member, visitor or patient are cause for disciplinary and/or legal action.

16. Profanity: The use of profanity will not be tolerated. All members will conduct themselves in a professional manner.
17. Violence: Fighting and/or any violent act or threat of violence, against any person is cause for disciplinary and/or legal action.
18. Falsifying Records: Falsifying any records or call cards is both immoral and illegal. Any changes or additions will be attached by an addendum with time, date and signature of person making changes. Time and date included must be the time in which the changes are made.
19. Slander: Members will not make any false or misleading statements about the Rescue Squad or its members or any other organization.
20. Visitors: All visitors and guest will adhere to the rules listed above. Members are responsible for their guest's conduct while on squad property or at a squad function.

I have received, read and understand the foregoing document.

---

(Signature and Date)

---

(Print Name)

---

(Witness & Title)

(Member Copy)

**WOODBIDGE TOWNSHIP AMBULANCE & RESCUE SQUAD, INC  
ADDITIONAL INFORMATION**

**Section 1: Additional Information**

ID# \_\_\_\_\_

Name: \_\_\_\_\_

Please Check One: Volunteer \_\_\_\_ or Paid \_\_\_\_ Please Check One: EMT Yes \_\_\_\_ or No \_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Medical Alert/Allergies: \_\_\_\_\_

---

**Section 2: Emergency Contact Information**

Primary Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_ Other: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_ Other: \_\_\_\_\_

---

**PLEASE STOP HERE**

**Section 3: Key FOB & Locker**

“The below key FOB has been issued to the individual above. I understand that I am responsible for the FOB and agree to use the FOB when entering the WTARS building”

Key FOB #: \_\_\_\_\_ Locker # (for EMT's) & Combination: \_\_\_\_\_

**Section 4: Whos Responding System**

I am willing to participate in the program and receive text/email messages: Yes \_\_\_\_ No \_\_\_\_

Cell Phone Provider (Circle One): AT&T Verizon Sprint T-Mobile Other (specify): \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Section 5: E-schedule**

User name: \_\_\_\_\_ Password: \_\_\_\_\_

**Section 6: Wireless internet**

“I understand that use of the WTARS wireless internet service and website(s) is subject to the terms and conditions listed in the Policies and Procedures book and/or as listed on the website and violation of said will result in loss of internet service privileges in the building”

**Section 7: Website (Volunteer)**

The Rescue Squad’s website is **www.woodbridge-ems.net**. There is a member’s only section with policies, procedures, phone list and other relevant information on this site. You will need to log into the site using your user name and password below that will be given to you upon meeting with the Membership Committee.

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

**Section 8: Miscellaneous**

You are also receiving information on the following items:

- 1. Uniform Voucher from our Administrative Assistant (paid) or Membership Chairperson (volunteer) for uniform appropriate to the type of member applied for.
- 2. Copy of the rules and regulations (available on the website).
- 3. Copy of the by-laws (available on the website).
- 4. Copy of the code of conduct (available on the website).
- 5. Member phone list (available on the website).

By signing and dating this form I affirm that I have received the above items in my new member packet. If for any reason I leave the organization I agree to return any items I received from the squad in all of the above sections.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_