



South Plainfield EMS
www.southplainfieldems.org

2520 Plainfield Ave
South Plainfield NJ 07080

Dear SPEMS Applicant,

We are glad you are considering serving your neighbors here in South Plainfield as a member of the South Plainfield EMS. We are a completely volunteer organization; no member is paid for services or time.

This **Applicant's Packet** includes the documents you will need during the application process, including:

- Application for Membership (including Parental Approval for Minors)
- Background Check Authorization Form
- Physical Examination

Please read each item carefully. If you have any questions, please feel free to e-mail the Membership Committee Team below.

We will be happy to assist you and look forward to meeting with you in the near future. Again, thanks for your interest!

South Plainfield EMS Membership Committee Team

Chief Edward Laferrera

Deputy Chief Johnathan Schurr

Membership@southplainfieldems.org

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, NJ EMT or NR EMT, etc. when submitting your Application.

2. Background Check

To help ensure the safety of South Plainfield residents who call 911 for our help, South Plainfield EMS will have a Background Check conducted on you which will be done through the South Plainfield Police Department.

3. Physical Examination

To ensure that you are physically able to perform the volunteer work you are seeking, such as lifting, carrying, moving, etc. you must make an appointment and get a Physical done. You will be notified when it is ok to do so.

*Complete Primary Care
1810 Park Ave
South Plainfield, NJ
(908) 668-8290*

4. Membership Committee Team Meeting / Interview

Once you have completed the application and have turned it in, a member of the Membership Committee Team will schedule you (and your spouse or parents (for minors)) 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.

5. Attend one Meeting and one Drill

To get to know our members, you could attend the next regularly scheduled business meeting, normally the **Second Monday of each month at 730pm.**

6. CPR Certification

Obtain Certification (if you are not already certified) in CPR that is equal to American Heart Association's **CPR For Healthcare Providers**, In which you will be helped with.

7. Approval

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

APPLICATION FOR MEMBERSHIP

SOUTH PLAINFIELD EMS

PERSONAL

Name: _____ Sex: M / F DOB: ____ / ____ / ____
(Last) (First) (Middle)

Address: _____
(Number & Street) (Apt#) (City) (State) (Zip)

Home Phone #: _____ Cell Phone # : _____

Email Address: _____

Employer: _____

Driving Record

Do you have a Valid New Jersey Driver's License? Y ____ N ____

Driver's License Number: _____ (Please supply copy of license)
(Number) (Expiration)

Points? Y ____ N ____ How Many? _____

Training & Certification

(Please Provide Copies of Cards)

EMT CERTIFICATION _____
STATE NUMBER DATE OF ORIGINAL CERTIFICATION EXPIRATION

CPR CERTIFICATION _____
CERTIFYING AGENCY / LEVEL DATE OF ORIGINAL CERTIFICATION EXPIRATION

OTHER TRAINING _____

General Information

Are you physically able to perform the duties of a SP EMS member? Y ____ N ____
(IF NO, PLEASE EXPLAIN BELOW)

Have you ever been dismissed or asked to resign from any position? Y ____ N ____
(IF YES, PLEASE EXPLAIN BELOW)

Have you ever been an applicant or member of an Emergency Services Agency? Y ____ N ____

Department or Squad	Phone	Dates	Supervisor

Why do YOU wish to join South Plainfield EMS? _____

**CHARACTER OF RECORD
AUTHORIZATION TO RELEASE INFORMATION**

SOUTH PLAINFIELD EMS

Name: _____

Address: _____

(Number & Street)

(City)

(State)

(Zip)

Home Phone: _____

Date of Birth: _____ Age: _____

Social Security Number: ____ - ____ - ____

Previous Address: _____

(Number & Street)

(City)

(State)

(Zip)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Employer: _____ Occupation: _____

Employer Address: _____

(Number & Street)

(City)

(State)

(Zip)

Have you ever been dismissed or terminated from any job? Y___ N___

Have you ever been convicted for being Disorderly, or of Criminal Offense? Y___ N___

If YES please provide details: _____

Have you ever been convicted of a Motor Vehicle Violation? Y___ N___

If YES please provide details below: _____

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 South Plainfield EMS and the Borough of South Plainfield 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 South Plainfield EMS and the Borough of South Plainfield 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 South Plainfield 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 EMS Chief, South Plainfield EMS.

Signature

Date

PARENTAL APPROVAL FOR MINORS

I/We, _____, the parent/ parents/ guardian of _____ do hereby give her/him our permission to become a Cadet member of the South Plainfield EMS.

Parent/Guardian for above minor

DO NOT WRITE IN AREA BELOW – FOR POLICE DEPARTMENT USE ONLY

South Plainfield EMS 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.

Investigated By: _____ Approved By: _____
Disapproved By: _____ Results: _____

As a Member of South Plainfield EMS, the following is also required:

- Attend General Membership Meetings
- Attend Training Sessions
- Assist in other additional Squad Functions
- Assist in Building Clean up
- Assist in our ANNUAL FUND DRIVE. (*REQUIREMENT!*)

Riding Availability: Please Select a Night you are able to ride (Time: 7pm to 7am)
Saturdays are on a Rotational Basis, For example: Each crew night rides every 6th Saturday.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Thank you for completing this application for membership. You can be assured that our review of your qualifications and references will be based solely on merit and a final determination reached as quickly as possible.

Please Read the following Statement Carefully. Sign only after the entire application has been completed.

The information that I have provided on this application is accurate to the best of my knowledge and subject to verification by South Plainfield EMS.

I authorize schools, personal references, current employer(s), Emergency Service Departments, and the NJ Division of Motor Vehicles to provide South Plainfield EMS with relevant information that may be required.

I understand and agree that any misrepresentation or deliberate omission of a material fact may be justification for refusal or, if a member, separation from South Plainfield EMS.

I agree that upon Termination of Membership in South Plainfield EMS, be it my choice or not, I will return all equipment and uniforms within three (3) days of my Termination.

A Medical Examination, as stipulated by South Plainfield EMS is required. You will be notified of where to go for the Physical exam after your interview.

Signature of Applicant

Date

Signature of Applicant's Parent(s) or Guardian
(Applicant under the age of 18 must have parents' consent)

DO NOT WRITE IN AREA BELOW – FOR MEMBERSHIP COMMITTEE USE ONLY

This application is approved by the Membership Committee at the meeting held on _____

Membership type:

- _____ Cadet (14-17 yrs of age)
- _____ Probationary (No current certifications)
- _____ Certified Probationary (EMT-B)
- _____ Associate Probationary

Committee comments: _____