



## SCOTCH PLAINS RESCUE SQUAD, INC.

*A 100% Volunteer Emergency Medical Service*

1916 Bartle Ave - P.O. BOX 325  
Scotch Plains, NJ 07076  
(908) 322-2103



Dear prospective Scotch Plains Rescue Squad Member,

Thank you for your interest in our organization.

This package contains all the material required for the first step in applying for membership (fact sheet, membership application, and four additional forms to complete and sign).

Please read all the documents carefully, complete, and sign the membership application and each form. We cannot process your application unless **all** the enclosed documents are completed, signed and returned to us.

We ask that you **retain the three-page fact sheet** for your reference and become familiar with it.

Please enclose the completed documents in the rescue squad envelope provided and return the package to the rescue squad building located at, 1916 Bartle Ave, Scotch Plains, NJ 07076. If, for some reason, you are unable to deliver this package, you may mail the envelope to Scotch Plains Rescue Squad, PO Box 325, Scotch Plains, NJ 07076. Please make sure to put appropriate postage on the envelope.

Upon receipt of the forms, we will immediately begin processing them. The first item to be addressed is obtaining an abstract of your driving record. As soon as that is received, we will be in touch with you by telephone to schedule a personal interview.

If, in the meantime, you have any questions, please call the building and leave a message for the Membership Committee. One of the members will respond as quickly as possible.

We look forward to receiving your application.

Very truly yours,

Membership Committee

Enclosures



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## MEMBERSHIP APPLICATION

Please print or type

NAME: \_\_\_\_\_  
Last Name First Name Middle Name

RESIDENCE: \_\_\_\_\_  
Street Address Town State Zip

MAILING ADDRESS \_\_\_\_\_  
If different from above Street Address Town State Zip

PHONE (Home): \_\_\_\_\_ (Business): \_\_\_\_\_ (Cell) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

DATE OF BIRTH: / / SOC. SEC.#: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

US Citizen: YES NO Smoker: YES NO

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING:

1. Have you had any traffic violations, other than parking, in the past 3 years? Yes: \_\_\_\_ No: \_\_\_\_

Describe date, place and type of violations if any: \_\_\_\_\_

2. Have you ever been, or are you a member of any other Emergency Medical Service, paid or volunteer? \_\_\_\_\_

Name of organization: \_\_\_\_\_  
Address Phone

3. What prompted you to join the Scotch Plains Rescue Squad? \_\_\_\_\_

### PLEASE READ AND SIGN THE FOLLOWING STATEMENT OF INTENT:

*I hereby apply for membership in the Scotch Plains Rescue Squad, Inc. If accepted, I agree to volunteer my services without financial remuneration being diligent, prompt and regular in the performance of my assigned duties and following all regulations.*

*I will not partake of nor consume alcoholic beverages for eight hours prior to or while on duty.*

*I understand that my membership may be rejected if I have intentionally made a false statement of fact or practices, or attempted to practice any deception or fraud in this application.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Parent or Guardian if under 18: \_\_\_\_\_

Please check the duty period(s) for which you are available:

Weekdays \_\_\_\_\_ Nights \_\_\_\_\_ Weekends \_\_\_\_\_ Evenings \_\_\_\_\_

A 100% VOLUNTEER ORGANIZATION. ENTIRELY FUNDED BY TAX DEDUCTIBLE CONTRIBUTIONS



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## INFORMATION TO BE FILLED IN BY MEMBERSHIP COMMITTEE

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Membership Chairperson)

Interview date: \_\_\_\_\_

Driver's Lic. Approved (Date): \_\_\_\_\_

Medical Exam Approved (Date): \_\_\_\_\_

EMS Certifications: \_\_\_\_\_ (Dates of expiration): \_\_\_\_\_ (Attach copies of cards)

EMT- B \_\_\_\_\_

CPR: AHA BLS Health Care Provider \_\_\_\_\_

ARC CPR for the Professional Rescuer \_\_\_\_\_

OTHER: \_\_\_\_\_

### DRIVING CERTIFICATIONS:

Defensive Driving (Date Issued): \_\_\_\_\_

CEVO (Date of Expiration: \_\_\_\_\_

EVOG (Date of Expiration: \_\_\_\_\_

Membership Start Status: Cadet Member( 16-18 )  Probationary Member (18 and Above)

PROBATIONARY PERIOD STARTED (DATE): \_\_\_\_\_

### REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership Committee Approved: \_\_\_\_\_ Declined: \_\_\_\_\_




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**APPLICANT'S RELEASE TO OBTAIN MEDICAL RECORDS**

Date \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leave Blank

RE: \_\_\_\_\_

(Name)

\_\_\_\_\_

(street Address)

\_\_\_\_\_

(City, State & Zip Code)

\_\_\_\_\_

(Date of Birth)

You are hereby requested and authorized to disclose, make available, release and furnish to:

Scotch Plains Rescue Squad, Inc.

P O Box 325

Scotch Plains, NJ 07076

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all information, records, x-rays, reports or copies thereof relating to my medical history including any psychiatric, drug and/or alcoholic information, if applicable.

(Signature) \_\_\_\_\_



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**DISCLOSURE AND RELEASE**

In connection with my application for membership or employment (including contract for services) with the **SCOTCH PLAINS RESCUE SQUAD, INC**, I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Driver License Number*

\_\_\_\_\_  
**New Jersey**  
*State*



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I, \_\_\_\_\_  
*(Please Print Name)*

Understand that within 2 weeks of my interview with the Scotch Plains Rescue Squad, I must schedule a complete physical examination by the Scotch Plains Rescue Squad doctor. Failure to do so will void my eligibility for membership.

I understand that I must start my duty period within one month after being contacted by the Line Officers. Failure to do so will void my membership, and I will be billed and obligated to pay for my physical exam.

I understand that I should take the first available EMT course; but if I cannot, I will take the next course available.

I understand I must obtain certification in AHA CPR for the Health Care Provider or ARC CPR for the Professional Rescuer within ninety days of joining the Scotch Plains Rescue Squad.

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_



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**I acknowledge receipt of a 3-page Scotch Plains Rescue Squad Fact Sheet.**

**I acknowledge that I have received and read the anti-harassment policy and have had it explained to me. I also acknowledge that I understand that no employee, member, or third party, up to and including a Board member has the authority to commit any harassment.**

**I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of harassment as set forth in the anti-harassment policy, including not retaliating against any employee/member exercising his or her rights under the policy.**

**I also acknowledge that I understand the contents and am able to comply with the requirements and rules and regulations outlined therein.**

---

(Signature) Prospective Member and Parent if under 18

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(Address)

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(Date)



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### **SCOTCH PLAINS RESCUE SQUAD FACT SHEET**

#### **WHO WE ARE**

The **SCOTCH PLAINS RESCUE SQUAD, INC** is the designated emergency medical service (EMS) for the Township of Scotch Plains. It is a self-governing, volunteer staffed organization separate and apart from the municipal government, although it does work closely with the Townships police and fire organizations.

The Squad is financially independent from the Township of Scotch Plains, and receives its entire operational budget from tax deductible contributions from the community.

The Scotch Plains Rescue Squad maintains its headquarters facility on Bartle Ave, in the center of town, from which it operates two ambulances. In addition to ambulance bays, the facilities include several meeting rooms, office, and recreation rooms, as well as duty crew computers which the members can freely use as well as a large meeting room upstairs which our members can use on a space available basis free of charge.

Our members consist of "riding" members, either full "Regular Members" who have completed training as emergency medical technicians - Basic (EMT-Bs), or "Probationary Members", who are still in training or performing under supervision of regular members..

While most volunteers live or work within Scotch Plains, there is no residency requirement. Members come from varied occupational and educational backgrounds, and ages range from high school through retirement.

#### **WHAT IS EXPECTED OF YOU**

Duty crew riding members perform their duty periods at the headquarters during the evening crew hours. Night Crews and others are paged out via a pager system. They are dispatched directly from the Scotch Plains Police headquarters.

To become a regular member you must possess a valid non graduated New Jersey driver's license and be capable of performing the job responsibilities of an emergency medical technician. This requires certain physical capabilities, such as the ability to lift equipment and stretchers with patients on them, and to drive under hazardous conditions, mental capability to meet and maintain training levels, and emotional capability to deal with often stressful situations.

Applicants for riding membership must be capable of completing classroom work at the beginning college level. Initial EMT training is the equivalent of a three or four credit one semester college course.

EMT training is offered locally by The Scotch Plains Rescue Squad, Less Stress Instructional services, Union County College, or MONOC. EMT-B's must recertify every three years, by completing 48 continuing education credits.



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EMT-Bs must also obtain and recertify in the cardiopulmonary resuscitation (CPR) course for professional health care providers. This course is offered periodically by local hospital affiliated instructors at the Scotch Plains Rescue Squad building specifically for squad members.

The squad offers in-house training sessions, and publicizes other courses available through other squads or local hospitals. A probationary member's duty crew will familiarize the new member with squad specific protocols and assist him or her in practical application of EMT classroom training, while certain procedures will be explained by specific squad training personnel, all overseen by the squad's training officer, who follows a checklist to insure each probationary becomes fully familiar with all squad equipment and its use.

Additionally, all members are expected to abide by squad rules and regulations. These range from those requiring adherence to specific squad call protocols and maintaining patient confidentiality to "housekeeping". Probationary members are subject to immediate dismissal if they discuss confidential calls outside the building or if they are seen wearing any part of their uniform while not on duty.

### **WHAT HAPPENS NEXT**

After completing the membership application forms in this packet and returning them to the Squad building, your driving record is reviewed.

If satisfactory, you will be interviewed by the squad's membership committee, and undergo an examination by the squad's physician.

While the Scotch Plains Rescue Squad adheres to a policy of non-discrimination in its selection process, it otherwise retains the right to determine, at its sole discretion, whether an applicant would be capable of performing squad duties, and thus acceptable for membership.

### **Anti-Harassment Policy**

The Organization prohibits and does not tolerate sexual harassment in the workplace or during any Organization-related activity.

The Organization provides internal procedures for victims of sexual harassment to report sexual harassment and disciplinary penalties for those who commit sexual harassment.

No employee, members, third party, or board member, no matter his or her title or position has the authority to commit or allow sexual harassment. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and any other verbal, physical, or visual conduct of a sexual nature that unreasonable interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

The Organization prohibits and does not tolerate any employee, members, board member or visitor, male or female, to harass an employee/member or to create a hostile or intolerable working environment by exhibiting, committing or encouraging:



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### **Anti-Harassment Policy (continued)**

- Director or implied threats that submission to sexual advances will be a condition of employment or continued service with the Organization;
- Sexual explicit or pornographic material such as posters, calendars, pictures or objects;
- Unwelcome advances, including, but not limited to, requests, comments or innuendoes regarding sex, sexual jokes, gestures, statements, e-mail or voicemail messages, leering or stalking;
- Physical conduct that is sexual in nature, including, but not limited to touching, pinching, patting, brushing, massaging someone's neck or shoulders and/or pulling against another's body or clothes; and
- Physical assaults on other employees/members, including but not limited to rape, sexual battery, or any attempt to commit such acts.

The Organization will take all allegations of sexual harassment seriously and determine what constitutes sexual harassment based on a review of the facts and circumstances of each situation.

The Organization will make every effort to ensure that those named in the report, or are too closely associated with those involved in the report, will not be part of the investigative team.

The Organization reserves the right and provides notice that third parties may be used to investigate harassment claims.

Even conduct that is intended to be "innocent" may still constitute sexual harassment if it falls within the terms of this policy. If any member expresses concern that your behavior may be violated this policy, please respect his/her concerns. Regardless of your intent, how others interpret your behavior is important.

This policy is not meant to interfere with or discourage friendships among members. However, members must be sensitive to acts or conduct that may be considered offensive by other members.

The Organization prohibits retaliation made against any member who lodges a good faith complaint of sexual harassment, or who participates in any related investigation. The Organization recognizes that making false accusations of harassment in bad faith can have serious consequences for those who are wrongly accused. The Organization prohibits deliberately making false and/or malicious harassment allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination.

### **Reporting Procedure**

If you are aware of sexual harassment taking place, you must immediately report to your direct supervisor. If you feel uncomfortable doing so or your direct supervisor is the source of the complaint, condones or ignores the harassment, immediately report to your supervisor's supervisor.

If neither of these alternatives is satisfactory to you, then you should immediately direct your reports to the Captain or President, any line or administrative officer. You are not required to directly confront the person who is the source of your report before notifying any of those individuals listed. Nevertheless, you are required to make a reasonable effort to make the harassment known to the Organization.



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**Medical Clearance Certification**

***Due to the nature and responsibility of the Scotch Plains Rescue Squad, personnel must possess the Stamina and ability required to carry out Emergency Medical Service operations.***

***This requires certain physical capabilities, such as the ability to lift equipment and stretchers with patients on them, and to drive under hazardous conditions, mental capability to meet and maintain training levels, and emotional capability to deal with often stressful situations.***

***The following person has applied for membership.***

Applicant/Member's Name: \_\_\_\_\_

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

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

**Physician's Certification**

I have: Reviewed the medical records of this member:  Yes  No

Personally examined this member:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one of the following:

*In my professional medical opinion this applicant/member of the Scotch Plains Rescue Squad is medically capable of performing all tasks and physical standards without limitation and without unreasonable risk of harm to the member, and/or other members or the public.*

*In my professional medical opinion this applicant/member of the Scotch Plains Rescue Squad is not medically capable of performing all critical tasks and physical standards identified within this form without limitation and without unreasonable risk of harm to the member, and/or other members or the public.*

**Dr Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



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## Educational Authorization Form (High School Students)

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

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

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

The individual named above is requesting to be a member of the Scotch Plains Rescue Squad an Emergency Medical Services response team for the Township Of Scotch Plains. To be a participant on this team, all school age members are required to be in good standing with their schools and maintain an academic average of C or better.

**Please check one box below:**

***I have read the above statement and the named individual meets the qualifications.***

***I have read the above statement and the named individual does not meet the qualifications.***

Print Name of School Counselor / Advisor \_\_\_\_\_

Signature of School Counselor / Advisor \_\_\_\_\_

Date \_\_\_\_\_