

Morristown Ambulance Squad, Inc.

Volunteers for Community Service since 1961
PO Box 553 • Morristown, NJ 07963-0553
Phone: 973-538-1783 • Fax: 973-267-4799
www.morristownambulance.org

WELCOME

Thank you for your interest in the Morristown Ambulance Squad. Enclosed are several items for you to complete and submit to the Membership Committee.

APPLICATION

Please print neatly and legibly. All answers should be complete and thorough. If you find a question not to be applicable, please mark with "N/A." Incomplete applications shall be returned to the applicant.

REFERENCE LETTERS

Please give to 2 persons other than relatives or members of the Morristown Ambulance Squad. The completed reference letter must be in a sealed envelope with the signature of the person completing the reference across the flap. Your reference may also submit his or her response via e-mail. Please direct anyone submitting a response via e-mail to www.morristownambulance.org/emailreference for additional information.

The 2 persons you select for your references should be the same individuals you list in the reference section of your application.

LOCAL & FINGER PRINTING BACKGROUND INVESTIGATION

Please complete this form and bring it to the Morristown Police Department Records Bureau. Appointments are required so please call in advance - 973-292-6621. Their hours are 8:30am - 3:00pm. Please note, if the applicant is under 18 years of age, only a local investigation will be done - juveniles can not be finger printed. Also included is the Town of Morristown fingerprint authorization form.

You may submit your entire membership packet at once or by individual documents. Documents should be mailed, "Attention: Membership Committee," to the above address or dropped off at the Ambulance Squad Headquarters. If no one is at the Squad HQ to receive your document(s), please place your document(s) in the black mailbox on the side of the building (opposite the street side - between the fence and the building).

It is your responsibility to ensure all documents are received by the Membership Committee in a timely fashion. The Membership Committee will only hold incomplete membership packets for 30 days after your initial ride-along.

You will need to meet with the Membership Committee upon completion and submission of all required forms. The Committee will contact you to schedule an interview. During your interview any questions you have will be answered.

We look forward to meeting with you.

Membership Committee
Morristown Ambulance Squad, Inc.



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MEMBERSHIP APPLICATION

Regular Member

Full Legal Name: _____ Date: _____

Home Address: _____

City, State & Zip: _____

Phone #1:	Home Work Cell Other	Phone #2:	Home Work Cell Other
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SS #: - - - - - DOB: / / Age: _____

Driver's License #: _____ State: _____

E-Mail Address: _____

How did you hear about MAS? _____

Are you a US citizen? Yes No If no, do you possess a valid alien residency card or a valid visa? Yes No

Have you ever been a member of any squad, fire department or ambulance service - paid or volunteer? Yes No

Affiliation(s): _____

Are you currently active with the organizations? Yes No

Why / Why not? _____

Do you have any current or expired certifications or training in the EMS or medical field? Yes No

Certification: _____ Expires: _____

Certification: _____ Expires: _____

Certification: _____ Expires: _____

Circle highest grade completed: 9 10 11 12 Circle number of years post high school education: 1 2 3 4 5+

If you did not complete high school, do you have a high school equivalency diploma? Yes No N/A

High School: _____

College 1: _____ Major: _____

College 2: _____ Major: _____

Do you have other technical or specialized training? Yes No

Please list: _____

Have you served in the military? Yes No

Branch:

Rate/Rank:

Discharge Status:

Have you ever been arrested? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain:

Has your driver's license ever been revoked or suspended? Yes No

If yes, explain:

Please list two (2) references who are neither relatives nor members of MAS. By listing these people, you are granting the Membership Committee permission to contact them.

Name:

Relationship:

Home Address:

Phone:

Years Known:

Name:

Relationship:

Home Address:

Phone:

Years Known:

Please list your last two (2) employers or your last five (5) years of employment history.

Present Employer:

Main Phone:

Address:

Dates Employed:

to

Your Title:

Supervisor's Name:

Title:

Previous Employer:

Main Phone:

Address:

Dates Employed:

to

Your Title:

Supervisor's Name:

Title:

I certify that, to the best of my knowledge, the information contained in this application is true and accurate. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. Furthermore, I understand that I am required to abide by all laws of the State of New Jersey and all rules and regulations of the Morristown Ambulance Squad, Inc. The Membership Committee has my permission to verify the information that I have submitted.

Signature of applicant:

Date:

Parent or guardian (if under 18):

Date:

Morristown Ambulance Squad, Inc. has a written non-discrimination policy that includes (but is not limited to) race, creed, color, national origin, ancestry, age, marital status and sexual orientation.



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REFERENCE LETTER

Dear: _____,
please print name of reference

Applicant: _____

The above referenced applicant has applied for membership with the Morristown Ambulance Squad, Inc. and has offered your name as a reference.

To assist us in determining this applicant's eligibility for membership, we would appreciate you completing this questionnaire and returning it at your earliest convenience. Please do not share your responses with the applicant. Your responses will be held in strict confidence.

You may also submit your reference via e-mail - visit www.morristownambulance.org/emailreference for information.

Thank you for your assistance.

Membership Committee
Morristown Ambulance Squad, Inc.

1) How long, and in what capacity, have you known this applicant?

2) How would you rate this applicant's dependability?

3) How would you evaluate this applicant's initiative?

- 4) Please comment on this applicant's integrity, honesty, and ability to maintain the confidential nature of our business.
- 5) In your opinion, is this applicant able to perform under stressful situations? Please provide an example.
- 6) To your knowledge, has this applicant been involved in any activities which demonstrate concern for others? Please describe.
- 7) Please comment on the general health of the applicant, keeping in mind that our volunteers are required to lift and carry stretchers, ascend and descend stairs while carrying equipment, maintain precarious positions during extrications, etc.
- 8) Can you offer any further insights regarding this applicant's qualifications to become a member of the Morristown Ambulance Squad, Inc.?

Signature:	Date:
Print Name:	Phone:
Address:	
Relationship to applicant:	Years known:

In order to maintain the confidentiality of your response, please place this completed form in the enclosed pre-addressed envelope, seal it, sign your name across the flap, and either return it to the applicant to deliver or mail it directly to us.



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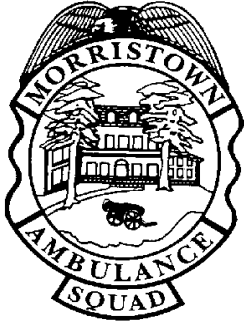
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AUTHORIZATION FOR LOCAL & FINGER PRINTING BACKGROUND INVESTIGATION

Contact Morristown Police Dept. Records Bureau at 973-292-6621 for an appointment. Hours are 8:30am - 3:00pm.

I, _____, am (check one) 18+ years old / 16-17 years old and being considered for membership at the Morristown Ambulance Squad, Inc. As a condition of my membership, I consent to a local background and finger printing investigation (18+ years old only) conducted by the Morristown Police Department and the New Jersey State Police. (If you are 16-17 years old, only a local investigation will be done - juveniles can not be finger printed.)

In furtherance of the background investigation, I consent to and authorize the disclosure of all information the Morristown Ambulance Squad, Inc. deems relevant to the evaluation of my eligibility to hold a position of public trust.

I, therefore, authorize the disclosure of such information to the Morristown Ambulance Squad, Inc., including but not limited to, files and records maintained by former and/or current employers, by educational institutions, by governmental bodies, by professional associations and by investigative disciplinary or grievance bodies as may relate to me.

I hereby waive any privilege of confidentiality with respect to the release of such information to the Morristown Police Department and / or Morristown Ambulance Squad, Inc.

Upon presentation of this form to the Morristown Police Department - photo identification is required. Driver's license or passport is preferred. If you do not have a driver's license or passport, please discuss your options with the Record Bureau when making your appointment.

Applicant's Signature: _____		Date: _____
Print Name: _____		Race: _____
Home Address: _____		
City, State & Zip: _____		
SS #: _____ - _____ - _____	DOB: _____ / _____ / _____	Gender: M F
Driver's License #: _____		State: _____
Height: _____	Weight: _____	Hair Color: _____
		Eye Color: _____

ACCEPTANCE BY THE MORRISTOWN AMBULANCE SQUAD, INC. MAY BE INFLUENCED BY THE INFORMATION OBTAINED BY THIS INVESTIGATION.



200 South Street, P.O. Box 914
 Morristown, New Jersey 07963-0914

Bureau of Police Fingerprint Authorization

By completing this document and signing below, I acknowledge that I am requesting that an inked impression of my fingerprints be made by a member of the Morristown Bureau of Police and I am expressly providing authorization for such action to take place. I understand that I am required to provide all fingerprint forms for this action and agree to pay such fee as imposed by the Bureau of Police as allowed by law.

Official Use Only			
MPD IR NUMBER:			
PRINTING OFFICER:			
FEE PAID:	CASH	CHECK	MO
PHOTO ID PROVIDED:			

APPLICANT INFORMATION

Last Name:		First Name:	
Date of Birth:		Social Security Number:	
Hgt:	Wgt:	Eyes:	Hair:
Current Home Address: (Street, City, State & Zip)			
Drivers License: (State & Number)		Telephone Number:	
Reason for Fingerprinting Request: Perspective volunteer member of the Morristown Ambulance Squad.			

Applicant's Signature: _____

Date: _____