



BLOOMFIELD VOLUNTEER EMERGENCY SQUAD
 Municipal Plaza, Municipal Building
 Bloomfield, NJ 07003

APPLICATION FOR MEMBERSHIP

The Bloomfield Volunteer Emergency Squad provides the Township of Bloomfield with EMS services during each evening as well as all day Saturday, Sunday and holidays. This results in a total of nine shifts a week (7 evening plus Saturday & Sunday day shifts) that are covered by our members. The day shifts during the week are covered by the Bloomfield Police EMT's using our vehicles and equipment.

Each of our members is assigned a permanent part of one of these nine shifts. Shift assignment is worked out between the member and the Squad such that the member is assigned to a mutually agreeable shift. Once assigned to a shift, the member is expected to be in quarters 15 minutes prior to the start and on duty for the duration of that 12-hour shift. Shifts begin at 1800 hours (6:00 PM) and conclude at 0600 hours (6:00 AM) Monday through Friday night and begin at 0600 hours (6:00 AM) and conclude at 1800 hours (6:00 PM) on Saturday, Sunday and Holidays.

TRAINING:

All training will be provided by and paid for by the Bloomfield Volunteer Emergency Squad. Training will include a class-room work as well as physical hands-on work. You will be trained in all levels of EMT-Basic care.

MEMBERSHIP REQUIREMENTS:

The initial requirements to become a member of the Bloomfield Volunteer Emergency Squad are as follows:

- You must possess a high school diploma or equivalent
- You must either be a resident of Bloomfield, work in Bloomfield or have a significant interest in Bloomfield
- You must be at least 19 years of age
- You must be in a position to service a twelve (12) hour tour of duty at the squad headquarters each week
- You must become an EMT within a reasonable amount of time
- You must undergo a medical exam

A criminal background check will also be performed and reference letters will be sent out by the squad to references you submit. You will be contacted by the membership committee and advised of the date and time of our next orientation session. At this time, the requirements for membership be explained in detail. If you have any questions you would like answered, please contact us at (973) 748-6785 any evening after 6:00 PM or Saturday/Sunday day.

FILL IN INFORMATION BELOW (Please Print):

Last Name		First	M.I.	Age
Mailing Address (Include Street and No.)		Apt. No.	City	State
Home Telephone Number				
Social Security Number	Date of Birth (Month/Day/Year)		Birthplace	
Height			Weight	
Do you have any physical limitations? Yes No If Yes, please describe				
Blood Type			With whom do you reside	



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When are you available for duty	
Monday Night	Saturday Day
Tuesday Night	Saturday Night
Wednesday Night	Sunday Day
Thursday Night	Sunday Night
Friday Night	

Occupation				
Name of Current Employer			How long have you been employed by your current employer	
Mailing Address (Include Street and No.)	Suite. No.	City	State	Zip Code
Name of Previous Employer			Date of employment (Month/Day/Year)	
Mailing Address (Include Street and No.)	Suite. No.	City	State	Zip Code

Do you have a police record?		
Yes No		
If Yes, please explain		
Drivers License State	Drivers License Number	Expiration Date (Month/Day/Year)
Have you ever been convicted of a major traffic violation?		
Yes No		
If Yes, please explain		



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Do you know any members of the squad?

Yes

No

If Yes, list their name(s)

List current certifications and their expiration dates that you hold *(CPR, EMT, Paramedic, etc...)*

List previous military service and present status

Name of Grade School

Mailing Address *(Include Street and No.)*

City

State

Zip Code

Name of High School

Mailing Address *(Include Street and No.)*

City

State

Zip Code

Name of College

Mailing Address *(Include Street and No.)*

City

State

Zip Code



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REFERENCES:

Last Name	First	Relationship		
Mailing Address (Include Street and No.)	Apt/Suite. No.	City	State	Zip Code
Phone Number				
Last Name	First	Relationship		
Mailing Address (Include Street and No.)	Apt/Suite. No.	City	State	Zip Code
Phone Number				
Last Name	First	Relationship		
Mailing Address (Include Street and No.)	Apt/Suite. No.	City	State	Zip Code
Phone Number				

I certify on my honor that the above statements are true and complete to the best of my knowledge and belief. I hereby authorize the Bloomfield Volunteer Emergency Squad to investigate all statements made on this form. I understand that any false statements or failure to disclose any material fact is sufficient cause for rejection of this application or may be cause for dismissal after acceptance for membership.

 (Signature of Applicant)

 (Date)