



The Township of Washington
Volunteer Ambulance Corps
354 Hudson Ave., Township of Washington, NJ 07676
(201) 664 – 3784 • www.wtvac.org

Member – New Jersey State First Aid Council

Membership Application

If you are over 18 years of age, you may complete and mail this form to Township of Washington Volunteer Ambulance Corp., 354 Hudson Ave. Township of Washington, N.J. 07676, attn.: Membership Committee. If you are under the age of 18 you must obtain your parents signature.

Regardless of the form you submit, all fields (*) must be completed, or it cannot be accepted. Once we receive your application, a member of the Corps will contact you to schedule an interview.

Information provided to be verified by the Washington Township Volunteer Ambulance Corps.

Last Name*: _____ First Name*: _____ Middle: _____

Address*: _____

Town*: _____

Home Telephone*: (_____) _____ - _____ Work Telephone: (_____) _____ - _____

Pager: (_____) _____ - _____ Mobile: (_____) _____ - _____

E-mail: _____

Age*: _____ Date of Birth*: __/__/____ Sex* (check one): Male Female

Social Security #*: _____ - _____ - _____

Length of time residing and/or employed in Washington Township area*: _____

Current Occupation*: _____

Employer*: _____ Address*: _____

Highest Level of Education*: High School College Other _____

Referred to Washington Township Volunteer Ambulance Corps by (if applicable): _____

Do you have a driver's license?* Yes No

D/L#: _____ State: _____ Expiration _____

Date: _____

Has your driver's license ever been suspended or revoked for ANY reason? Yes No - Driver's License # _____

If yes, please explain and give dates: _____

Have you ever been convicted of a crime?* Yes No

If yes, please explain and give dates: _____

Have you ever applied for membership to the Washington Township Volunteer Ambulance Corps?* Yes No

If yes, list dates: _____

Have you ever been a member of the Washington Township Volunteer Ambulance Corps in the past?* Yes No

If yes, when: _____ Reason for Leaving: _____

Have you ever applied to and/or been a member to another ambulance corps or first aid squad (volunteer/paid)?* Yes No

If yes, complete the following:

Organization	Dates of Service	Position(s) Held	Reason for Leaving

(Please attach separate sheet if affiliated with more than three organizations.)

Have you ever had any first aid and/or emergency medical services training?* Yes No
If yes, please list course(s) and expiration date below.

Course	Expiration Date(s)
EMT-B	
CPR	
CEVO	
First Responder	
Blood Borne Pathogens	
Hazardous Materials	

Other(list)

Please include copies of all certifications with application

AVAILABILITY (Please check below days & times available)

	Mon	Tue	Wed	Thr	Fri	Sat	Sun
Morning (7:00 AM – 1:00 PM)							
Afternoon (1:00 PM – 7:00 PM)							
Evening (7:00 PM – 12:00 AM)							
Overnight (12:00 AM – 7:00 AM)							

If acceptance is granted under this application, I do understand and agree to comply with all the rules and regulations, which include but not limited to the By-Laws and Operational Guidelines of the Washington Township Volunteer Ambulance Corps. I further agree to submit documentation of a physical examination by a licensed healthcare provider (MD, DO, NP) prior to duty assignment. In addition, I give the Washington Township Ambulance Corps. permission to initiate a background check.

The information provided on this application has been provided by me and are true to the best of my knowledge. It is understood that any false information or statements on this application or on the physical examination documentation, is sufficient cause for rejection of this application and/or dismissal from the Washington Township Volunteer Ambulance Corps.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
(If a minor, parent/guardian signature required)

DO NOT WRITE BELOW THIS LINE

Date Application Received: _____

Date Interviewed: _____

Interviewed by: _____, _____, _____

Application reviewed by: Captain President Application Committee

Date accepted as member: _____ Membership Type
(initial): _____

Membership information provided to: Scheduling Officer Training Officer Secretary

Date resigned/terminated: _____ Reason: _____

Did member resign in good standing: Yes No If no, please provide documentation.