

## RINGWOOD AMBULANCE CORPS

P.O. Box 211  
Ringwood, NJ 07456

Thank you for your interest in pursuing membership with the Ringwood Ambulance Corps. The following information will acquaint you with the basic requirements for membership.

The Ringwood Ambulance Corps requires all prospective probationary members to submit a driver's abstract, complete a professional CPR course and complete a professional Basic First Aid course. The Ringwood Ambulance Corps has instructors to teach the above two courses. In addition, medical clearance for all new members is required. Certification as an EMT is expected within 24 months of membership. This level of training must be maintained throughout the course of active Corps membership.

To drive the ambulances, you must be at least 21 years old, with at least 2 years of driving experience. If you do not meet this requirement, you may still join and perform all other duties of a member. It will be possible to transition to driving privileges, at a future time, if all the driver requirements are met.

The Ringwood Ambulance Corps has both day and night time shifts. A combination of week day, week night and/or weekend duty shifts will be scheduled for approximately 55-60 hours per month. A member's schedule is based on the Corps schedule availability and personal availability. Other requirements include attendance at monthly business meetings and monthly training meetings. Two holiday duty shifts per year are required, along with participation on two committees and the annual fund drive.

Being a member of the Ringwood Ambulance Corps can be a very rewarding and fulfilling experience. It is an excellent way to contribute to the good of the community. If you would like to become a member of the Ringwood Ambulance Corps, please complete the enclosed application and return it as soon as possible. Should you need more information please call and leave a message at (973) 907-2635 and your call will be returned.

**The Membership Committee**

**Ringwood Ambulance Corps, Inc.  
Application for Membership**

**Personal**

Name: \_\_\_\_\_  
                    Last                      First                      MI

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Cell: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have a valid New Jersey Drivers License: Yes[ ] No[ ]  
(Membership requires a NJ Drivers License)

If yes, please provide the following information:

Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**EMS Training**

**Course**

CPR (American Red Cross) \_\_\_\_\_

CPR (American Heart Association) \_\_\_\_\_

EMT \_\_\_\_\_

First Responder \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Expiration Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Notification**

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

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Cell: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Medical Information**

How would you describe your general health? \_\_\_\_\_

\_\_\_\_\_

Have you been treated for any serious illness or injury in the past five years? Yes[ ] No[ ]

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any disability or handicap that would limit your physical activities involved in first aid? Yes[ ] No[ ]

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for substance abuse? Yes[ ] No[ ]

If yes, please give the following information:

State: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

State: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been arrested and/or convicted of any crime (other than minor Motor Vehicle violations) in this state or any other state? Yes[ ] No[ ]

If yes, please give the following information:

State: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

State: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

How were you referred to the Squad: \_\_\_\_\_

Are you acquainted with any present or past member(s) of the squad? Yes[ ] No[ ]

If yes, please list name(s): \_\_\_\_\_

Have you ever applied to or been a member of this squad or any other first aid squad or fire department? Yes[ ] No[ ]

If yes, please list squad name: \_\_\_\_\_

**References**

Please list below the names addresses and phone numbers of three persons you have known for three or more years (no relatives or employers please) that we can contact for references:

Name

Address

Phone

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

**Employer**

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

Occupation: \_\_\_\_\_

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

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Membership Record**

Documentation Provided Drivers License \_\_\_\_\_ CPR Card \_\_\_\_\_

Probationary Membership Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

Active Membership Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

Membership/Probationary \_\_\_\_\_

Membership/Active \_\_\_\_\_