

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 _____