



# River Road Rescue Squad, Inc.

District 2, Piscataway, N.J.

## APPLICANT INFORMATION

### **ABOUT US:**

Thank you for your interest in the River Road Rescue Squad. We are a non-profit organization comprised completely of volunteers. River Road Rescue Squad operates seven days a week, primarily at night with duty crews from 6PM to 6AM, providing coverage to residents of Piscataway Township. While our normal operating hours do not include days, occasionally we will be called to duty to provide emergency medical services on a standby basis for events on our off hours. These standby events include, but are not limited to, carnivals, football games, parades, and storm watch.

### **APPLICATION PROCESS:**

In order to be considered for membership, the applicant must return a properly completed "Membership Application" form to [membership@riverroadrescue.org](mailto:membership@riverroadrescue.org). If the applicant is **under 18** years of age, the "Cadet Form" must also be submitted with a parental signature. Select applicants will then be invited to schedule an interview with the Membership Committee to further evaluate their qualifications. If deemed appropriate, the Membership Committee will then provide a recommendation to the Squad to extend probationary membership to the applicant. In this instance, in order to ride, the applicant will be required to:

- Return a properly completed "Physical Examination Form" and "Hepatitis-B Declination Statement." In order to expedite the on-boarding process, applicants are encouraged to submit these documents together with the "Membership Application" form, or at the time of interview.
- Commit to a background check/fingerprinting through River Road Rescue Squad, unless the applicant is under 18 years of age. In this instance, a background must be completed upon turning 18 years of age.
- Complete all trainings to be an active, riding member in a timely fashion. This training is specified as American Heart Association (AHA) CPR for the Healthcare Providers and Blood Borne Pathogens. All members must carry their CPR and EMT (if applicable) certifications on their person at all times while on duty.
- Purchase black cargo or work pants (not jeans) and black boots as part of the standard uniform. The probationary member will be provided with a uniform shirt.

101 Shirley Parkway • P.O. Box 503 • Piscataway, NJ 08854

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## MEMBER REQUIREMENTS:

- NJ State EMT certification, NREMT, or EMT issued from a State recognize for reciprocity by NJ OEMS
- Non-medically trained persons may join as Observers with only AHA CPR and Blood Borne Pathogens training. As an Observer, enrollment in an EMT class must be made by no later than 90 days after application date. \*(special circumstances considered)
- AHA CPR for health care providers \*\* (provided through the squad)
- Blood Bourne Pathogens training \*\*(provided through the squad)
- Members must be at least 16 years of age. If under 18, Cadet status is granted and additional rules apply.
- On a monthly basis, all members must complete 12 hours of ride time weekly. All members must attend monthly meetings/drills/and work details. \*(excused absence must be accepted through the Administration). Furthermore, it is the responsibility of the individual to find coverage in a timely fashion. Members must make up any missed hours.
- Members must be available for their shifts year round. College breaks do not constitute automatic breaks from the squad. Requests for leaves of absence must go through the Administration and beginning and end dates as well as reason should be listed in the request.
- All members are probationary for a minimum of 6 months and until they have NJ EMT certification and until they are 18 years of age or older. Once probation has been lifted, the member will be granted full voting rights within the squad.

These above requirements are subject to revision according to updated bylaws which are voted on at monthly meetings. Should they change, you will be notified and will be required to adhere to such changes. Failure to meet requirements will result in disciplinary action ranging from warnings to termination.

Should you have any questions or concerns please direct all inquiries to the Membership Committee at [membership@riverroadrescue.org](mailto:membership@riverroadrescue.org).



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## MEMBERSHIP APPLICATION

Full Name (Last, First)		Age	Date of Birth
Street Address (Home Address as listed on DL)		City, State, Zip	
Home Phone #	Cell Phone # and Carrier	Email Address	Social Security Number
Shift Preference - List Day(s) of Week	If enrolled, indicate name of educational institution HS/COL/UNIV		Availability during school recess?
Religious Obligations: Do you have any religious obligations that would preclude you days, nights, or holidays?			
Emergency Services Organizations: Please indicate current and previous affiliations			
Auto Driver License #	State	Indicate current or previous suspension of license (state & dates of suspension/reinstatement)	
# of Moving Violations (last 3yrs)	Have you ever been convicted of a felony?		Have you ever been convicted of a misdemeanor?
List Current Certifications, Cert/License#, and Expiration Date		Comments	
CPR: _____ Exp.: _____		_____	
EMT: State/#: _____ Exp.: _____		_____	
Character References	Name	Relationship	Contact telephone #
	_____	_____	_____
	Name	Relationship	Contact telephone #
_____	_____	_____	
Legal	I authorize the River Road Rescue Squad, Inc. to conduct a full motor vehicle and criminal investigation into my background. Signature: _____ Date: _____		
	I understand that if I knowingly falsify the aforementioned information, it will be considered grounds for immediate denial of membership on, or dismissal from, the River Road Rescue Squad, Inc. I further understand that if I purposely cause malicious damage to person or property of the River Road Rescue Squad, Inc., I may be held responsible for said damages. Finally, I understand my actions in this organization shall be governed by its constitution, bylaws, and Standard Operating Guidelines. Signature: _____ Date: _____		
SQUAD USE	Administrative: Application received on: Applicant contacted on: Interview scheduled for: Captain informed: Applicant accepted (Date of meeting):		Interview Checklist: Applicant has read, understands, and has signed "Expectations of a Squad Member"  Applicant has provided character references and has signed above authorizations

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## MEMBERSHIP APPLICATION CONTINUED

1. Briefly explain your reasons for applying to River Road Rescue Squad
2. What do you feel you can contribute as a member?
3. What are your other commitments?
4. What do you hope to get out of your experience as a member of River Road Rescue Squad?

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### For Membership Committee Use Only:

#### Initiated Contact with Applicants

\_\_\_/\_\_\_/\_\_\_ First Contact  
\_\_\_/\_\_\_/\_\_\_ Date of Response  
\_\_\_/\_\_\_/\_\_\_ Second Contact (if applicable)

#### Interview Results:

- Continue Processing Application
- Application Rejected
- Explanation: \_\_\_\_\_

#### Meeting Results:

- Applicant Accepted
- Applicant Rejected
- Explanation: \_\_\_\_\_

#### Additional Comments:

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## PHYSICAL EXAMINATION FORM

This portion must be taken independently by the applicant, completed and signed by a licensed physician and returned with the application to the River Road Rescue Squad. Copies of school reports will not be accepted.

Applicant's Name: \_\_\_\_\_ Date of physical: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Identifying Marks/Scars (if any): \_\_\_\_\_

Past Medical History: please check any history the patient has had and explain.

- neuro       visual       auditory       abdomen       cardiac       respiratory
- back       extremities       syncope       stroke       hernia       hypertension
- motor skills       Diabetes       Other

Comments: \_\_\_\_\_

Physical Examination: please examine and indicate any normal/abnormal findings and vital signs

	Normal	Abnormal	vital signs		
Heart	<input type="checkbox"/>	<input type="checkbox"/>	blood pressure	respirations	pulse
Gen. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	date of last tetanus booster _____		
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Date/result last TB test _____	<input type="checkbox"/> +	<input type="checkbox"/> -
Throat	<input type="checkbox"/>	<input type="checkbox"/>	If patient received Hepatitis B vaccine. Please provide completion		
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	date: _____		

In your professional medical opinion, do you see any reason why the patient may not be able to perform tasks associated with active emergency medical services duty, including being physically able to lift a 150lb person on a 90 lb stretcher with the assistance of one other person?

- Patient is healthy and able to perform EMS work     Patient should not perform active EMS work

Comments \_\_\_\_\_

### PHYSICIAN INFORMATION

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

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

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

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## HEPATITIS-B VACCINATION DECLINATION STATEMENT

Piscataway, Middlesex County, New Jersey

### CONFIDENTIAL

Please check the appropriate box if you do not wish to receive the Hepatitis-B vaccination.

I understand that due to my occupational exposure to blood and other potentially infectious materials (OPIM), I may be at risk for acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to receive the vaccine at no charge to myself. At this time, I am declining the Hepatitis B vaccine. I understand that this decision continues to put me at risk for HBV, a serious disease. If I decide in the future to receive the vaccine, I can at no charge to me.

I understand that due to my occupational exposure to blood and (OPIM), I may be at risk for acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to receive the vaccine at no charge to myself. At this time, I am declining the Hepatitis B vaccine because I have already received the vaccine and at this time:

I am not providing proof. In the event that I am involved in an exposure incident while providing EMS in Piscataway, I must provide proof to assist the township doctors in my treatments.

I am providing proof of my vaccination. The details are as follows:

Provider's Name \_\_\_\_\_

Address

\_\_\_\_\_

Phone \_\_\_\_\_

Vaccination Series Dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Member Name \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_



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## CADET FORM

(to be filled out if under 18)

NAME \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PARENT'S PHONE NUMBER \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

GUIDANCE COUSELOR NAME AND NUBER: \_\_\_\_\_

As a Cadet, (member under 18 years old), the above applicant will have certain restrictions on the River Road Rescue Squad. Such restrictions include but are not limited to:

- The Cadet may not be left at the squad building alone without an adult member there.
- The Cadet may not ride after 10 PM if they have school the next day even with parent's permission.
- The Cadet may ride an overnight shift if they do not have school the next day and have a note specifying parental consent to ride that specific shift addressed to the Line Officer on duty.
- The Cadet may only go on calls with a Line Officer on duty that night. Furthermore, the Line Officer is responsible for that Cadet and therefore the Cadet must obey the Line Officer's discretion. If the Cadet is told to stay in front of the ambulance or even to not go on a call, it is because the Line Officer is concerned about Cadet safety.
- Furthermore, at the scenes of car accidents or outdoor calls, the cadet must not enter a wrecked car and may be asked to stay in the ambulance during extrications.

We appreciate the Township's youth wanting to serve. Even though we are a volunteer organization, we must still abide by state child labor laws and this is why restrictions are in place. These restrictions may be subject to change and you will be notified of any changes.

Your signature below affirms that you understand and will abide by these restrictions.

Applicant (printed)	Signature	Date

I, \_\_\_\_\_, understand that the RRRS has restrictions set in place for the safety of my child. Furthermore, I give my child permission to join the RRRS. The above phone number can be used to contact me in the event of an emergency. Furthermore, my child may only participate if they maintain a grade of C or better in all classes. The above contact is for my child's guidance counselor.

Legal Guardian (printed)	Signature	Date