



River Road Rescue Squad, Inc.

District 2, Piscataway, N.J.

ACTIVE (PROVIDER) 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 with regular operational hours from 6PM-6AM on weekdays and 24 hours on weekends. Our agency is staffed in-station and provides coverage to residents of Piscataway Township, along with other surrounding municipalities as needed. While our normal operating hours do not include weekdays, we will occasionally be called to duty for mass causality/large scale incidents and to provide emergency medical services on a standby basis on our off hours. Stand events include but are not limited to carnivals, sporting events, parades, storm watches and state-wide events.

APPLICATION PROCESS:

In order to be considered for membership, the applicant must return a properly completed "Membership Application" to membership@riverroadrescue.org, along with a "Cadet Form" if applicable. Applicants having submitted a completed application will be invited to schedule an interview with the Membership Committee after their references and background checks have been vetted (background checks will be completed for Cadets upon their 18th birthday). If deemed appropriate, the Membership Committee will provide a recommendation of probationary membership to the general body of the agency.

INITIAL RIDING REQUIREMENTS:

- Have submitted (part of initial application) "Applicant Health Statement", "Physical Examination Form" and "Hepatitis-B Vaccination Declination Statement". (in lieu of vaccination records or applicant request for vaccination)
- Complete "American Heart Association (AHA) CPR for the Healthcare Provider" course. (reimbursement offered upon successful completion)
- Complete all trainings to be an active, riding member as outlined in policy. Mandatory continuing education and equipment in-service trainings are generally delivered electronically through our learning management software. Monthly classroom continuing education is offered but generally not required. Provider competencies are offered annually and are mandatory. 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 (duty boot style) as part of the standard uniform. The probationary member will be provided with a uniform shirt and outerwear.

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

www.RiverRoadRescue.org

(732) 885-5565

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ACTIVE (PROVIDER) APPLICANT INFORMATION (CONTINUED)

RIDING MEMBER REQUIREMENTS:

- NJ State EMT certification, NREMT, or EMT issued from a State recognized for reciprocity by NJ OEMS
- AHA CPR for health care providers (renewals provided)
- Members must be at least 16 years of age. If under 18, Cadet status is granted and additional rules apply.
- Non-medically trained persons may join as a Student/First Responder with only AHA CPR and other agency required trainings. As a Student/First Responder, enrollment in an Initial EMT course is expected to be made by no later than 90 days after acceptance date. (special circumstances considered)
- All members must complete 12 hours of ride time weekly. Shift hour requirements are different (weighted) for those staffing day crews.
- All members must attend monthly meetings/drills/work details as assigned (excused absence must be accepted through 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; beginning and end dates as well as reason should be listed in the request.
- All members are probationary until the following requirements are met; ridership for a minimum of 6 months, possession of a valid NJ EMT certification, have reached the age of 18, have completed high school and have passed their mandatory competency/trainings. Once probation has been lifted, the member will be granted full voting rights within the agency.

These above requirements are subject to revision as our governance is amended based on agency needs. 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 a simple warning to termination.

Should you have any questions or concerns, please direct all inquiries to Membership Committee at membership@riverroadrescue.org.



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ACTIVE (PROVIDER) 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 your 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 (PROFESSIONAL ONLY)	Contact telephone #
	_____	_____	_____
	Name	Relationship (PROFESSIONAL ONLY)	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	<u>Interview Checklist:</u> Applicant has read and understood attached "Applicant Information" Applicant has provided character references and has signed above authorizations		

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ACTIVE (PROVIDER) 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?

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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CADET FORM (if under 18)

NAME _____ DOB: _____

PARENT'S NAME _____

PARENT'S PHONE NUMBER _____

SCHOOL NAME _____

GUIDANCE COUNSELOR NAME AND NUMBER: _____

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 11 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 Officer on duty.
- The Cadet may only respond to calls with an Officer on duty that night. Furthermore, the Officer is responsible for that Cadet and the Cadet must follow the Officer's discretion.
- 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 our local youth's desire to serve. Even though we are a volunteer organization, we must still abide by state child labor laws and restriction in place. These restrictions may be subject to change to meet the needs of the agency and to protect our Cadets. Changes will be conveyed via our regular policy change process.

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



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APPLICANT HEALTH STATEMENT

The following is to be filled out by the applicant. **Print** only.

Name: _____ Birthday: _____

Past Medical History: Please mark any applicable category and explain below, complete with dates of illness, surgeries, injuries,

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> CNS/Neurological | <input type="checkbox"/> Diabetes | <input type="checkbox"/> GI/GU System |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Immune System | <input type="checkbox"/> Back |
| <input type="checkbox"/> Auditory | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Renal |
| <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Psych/Mental |
| <input type="checkbox"/> Muscular/Skeletal | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Other |

Do you have any other ailments that require you to take medications? Y_____ N_____

If yes, please explain what ailment and which medications you take below.

Comments: _____

Allergies: _____

I, _____, hereby attest that medical information supplied includes
(applicant's printed name)
all medical conditions that would affect my participation and/or quality of care in the EMS setting.

I authorize the release of information on my medical history or current condition to the River Road Rescue Squad.

If false information is given or significant medical information is withheld, I understand my application/membership will be automatically dismissed.

Applicant's Signature: _____ Date: _____



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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 (in): _____ Weight (lb): _____ Blood Type: _____

Identifying Marks/Scars (if any): _____

Please examine the pt. and report any normal/abnormal findings:

Vision: _____ Corrected? Y _____ N _____

General Appearance: _____ Ears: _____

Nose: _____ Throat: _____

Neck: _____ Chest: _____

Abdomen: _____ Back: _____

Extremities: _____ Fine Motor Control: _____

Essential Functions of an EMT

- Ability to lift, carry and balance up to 125 pounds (with assistance) when moving patients.
- Able to bend, stoop, and crawl on uneven terrain even in low light situations and confined spaces.
- Able to withstand varied environmental conditions such as extreme heat, cold and moisture.
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality of patient care.
- Able to read, converse and communicate effectively in English, both oral and written.
- Is mentally fit to perform the duties of an EMT including using good judgment, remaining calm in high stress situations, and remaining objective in medical situations.



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PHYSICAL EXAMINATION FORM (CONTINUED)

I, _____, a licensed Physician, hereby state that
(Physician's Name, Printed)

I have examined _____, an applicant to the
(Applicant's Name, Printed)
River Road Rescue Squad. I find no reason why he/she should not be able to perform the
essential functions involved in working as an EMT, as described above.

Physician's Signature: _____ Date: _____

Print Physician Name: _____

Office Address: _____

Office Phone: _____



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HEPATITIS-B VACCINATION DECLINATION STATEMENT

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 do so at no personal cost.

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:

I am not providing proof. In the event that I am involved in an exposure incident while providing patient care, I must provide proof to assist directed medical care in my treatment.

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 _____