



River Road Rescue Squad, Inc.

District 2, Piscataway, N.J.

ASSOCIATE (SUPPORT) 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.

ASSOCIATE MEMBERSHIP:

The associate membership at River Road Rescue Squad is comprised of members that do not provide provider care or directly partake in first aid/rescue activities. Instead, these members aid the squad in an auxiliary role. The domains in which associate members may contribute to include, but are not limited to, the business, financial, social, fundraising, membership, leadership and human resources. Associates are an important aspect of the squad that supports its overall function outside of delivering patient care.

APPLICATION PROCESS:

In order to be considered for associate membership, the applicant must return a properly completed "Membership Application" to membership@riverroadrescue.org. 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. If deemed appropriate, the Membership Committee will provide a recommendation of probationary membership to the general body of the agency.

ASSOCIATE MEMBER REQUIREMENTS:

- Members must be at least 18 years of age and of good moral character.
- Members must attend monthly meetings/fundraisers/work details as assigned (excused absence must be accepted through Administration).
- Associate members **MAY NOT** participate in patient care or rescue activities.

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

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

www.RiverRoadRescue.org

(732) 885-5565

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ASSOCIATE (SUPPORT) 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
Emergency Services Organizations: Please indicate current and previous affiliations			
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	Name	Relationship (NON-FAMILIAL)	Contact telephone #
	_____	_____	_____
Squad Use	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: _____		
<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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ASSOCIATE (SUPPORT) MEMBERSHIP APPLICATION (CONTINUED)

1. Briefly explain your reasons for applying to River Road Rescue Squad.
2. In which domain(s) are you willing to contribute to as an associate member for the Squad?
3. How many hours weekly are you willing to dedicate toward the squad in that domain?
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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INSURANCE STATEMENT

I _____ (PRINT FULL NAME) understand that participation in any patient care or rescue services is **STRICTLY PROHIBITED** as an Associate Member. I understand that injury sustained in support of River Road Rescue Squad (“the agency”) as an Associate Member is not covered or compensable under policy coverage by NJM. I understand that any and all injury sustained in support of the agency as an Associate Member is covered under the “General Liability” portion of the agency’s coverage policy with VFIS.

Member Name	Signature	Date
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Line Officer	Signature	Date
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