



Union Beach EMS

Application for Membership

Instructions:

1. Fill out application in its entirety in black or blue ink, printing clearly.
2. Return pages 1-5 to Union Beach EMS.
3. Contact Union Beach Police at (732)-264-0313 to make an appointment for fingerprinting and to drop off page 6 for your background check.
4. The membership committee will contact you, after receiving the results of your background check, with additional instructions.



CONFIDENTIAL

Union Beach Emergency Medical Services, Inc.

310 Park Ave
Union Beach, NJ 07735
(732) 264-0275

APPLICATION FOR MEMBERSHIP
(Please complete this form clearly. Please PRINT)

First Name: _____ MI: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Age: _____ Social Security Number: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____ Applying for: EMT / Driver
How long have you resided at this address? _____ years _____ months

Are you currently a licensed driver in the State of New Jersey? Yes / No
Driver's License Number: _____ Exp: _____

Do you hold a valid driver's license from any other state? Yes / No
Driver's License Number: _____ Exp: _____
State: _____

Are there any endorsements on your license(s)? Yes/No: CDL Bus Other: _____

How long have you been driving? _____ yrs

Types/Sizes of Vehicles driven: _____

Any moving violations in the past three years? Yes / No

Any DUI offenses? Yes / No If yes, when: _____

Any accidents in the past three years? Yes / No

How many points are currently on your license? _____

Has your license ever been suspended or revoked? Yes /No

Explain any yes answers to the above: _____

Have you ever been convicted of a crime or pleaded to a crime? Please go to page 3.



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Do you wear any of the following correctional devices?

Eye Glasses Contact Lenses Hearing Aids Other _____

Do you have any medical or physical conditions that might limit your ability to perform your duties as a member of the Squad? Yes / No Do you need accommodations?

If yes, please explain:

Hobbies and Special Interests: _____

Name other organizations to which you belong: _____

How did you find out about the Union Beach EMS? _____

Explain why you want to become a member of the Squad: _____

What are your expectations? _____

Are you related to any member of the Squad? Yes /No

If yes, who? _____

Have you previously been accepted to any other First Aid Squad, Fire Company or similar organization(s)? Yes / No

Name of organization: _____

Address: _____

Contact Person: _____

What were your duties and responsibilities? : _____

Reason for leaving (if applicable): _____

Dates of service (if applicable): _____



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Please list all relevant certifications (CPR, EMT, First Aid, First Responder, Lifeguard, etc.):		
Certification	Issuing Authority	Expiration
1)		
2)		
3)		
4)		

In general, when would you be available to volunteer your time? (Check all that apply)

Weekday Mornings Weekday Afternoons
 Weekend Mornings Weekend Afternoons

Nights (10pm to 5am): Monday Tuesday Wednesday Thursday
 Friday Sunday [Saturdays are on 6 week rotation]

NOTE: Active members commit to 1 steady duty night peer week.
Associate members commit to at least 7 hours/week duty

Is there any reason you may not be able to commit to the hours? : _____
Duty times are defined as a fixed period during each week when you must respond at first tone out.

Have you ever been convicted of a criminal offense, or have any criminal cases pending against you? Yes / No If yes, when and what: _____

Were you ever subpoenaed or ordered to appear in court? Yes / No If yes, when and what: _____

Have you ever failed a drug test? Yes / No If yes, when and what: _____

Are you currently a full-time student? Yes / No
Where? _____
Major: _____ Proposed Graduation Date: _____
Highest Degree Achieved: _____

Are you currently employed? Yes / No Fulltime / Part time
Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____



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References
Give three references other than relatives: (These individuals may be contacted at our discretion)

(1) Name: _____
Address: _____
Phone: _____
Nature and length of contact: _____

(2) Name: _____
Address: _____
Phone: _____
Nature and length of contact: _____

(3) Name: _____
Address: _____
Phone: _____
Nature and length of contact: _____

In the event of an emergency, who would you like us to contact?
Emergency Contact

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
Email: _____

I agree to let a representative of the Union Beach Emergency Medical Services, Inc. conduct an investigative report regarding any and all statements given on this application and I further agree to submit to a physical examination. I agree to be responsible for all and any equipment issued to me, and will return the equipment to the Squad in the same condition in which it was given to me.

Initials: _____

The answers to the foregoing are in my own handwriting and are true to the best of my knowledge and belief. It is understood that any false statements on this application are sufficient cause for rejection or dismissal.

Initials: _____

If acceptance is obtained under this application, I agree to comply with all orders, rules, and regulations (SOGs) of the Union Beach Emergency Medical Services and the Borough of Union Beach. I understand that as part of my membership to the Union Beach Emergency Medical Services, I will be required to be available to ride the minimum number of hours required for membership in the Squad per month, attend mandatory meetings, trainings and drills.

Initials: _____

Failure to do so may result in my dismissal from the Squad.

Signature of Applicant

Date



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TO BE FILLED OUT BY UBEMS OFFICIAL

	DATE:
Application Issued to Prospective Member	_____
Initial Application Received By	_____
_____	_____
(UBEMS Member's Name)	
Contact with Applicant	_____
Interview with Applicant	_____
Background check was received	_____
Physician examination was received	_____
Vaccination documents was received	_____
Initial BBP and Right to Know training	_____
Application Read at Meeting	_____
Date of Probation: _____	
Type of Probation: _____	
Active / Associate Membership: _____	
Full Active Status Awarded: _____	
LOA Information: From: _____ To: _____	
Reason Given: _____	
LOA Information: From: _____ To: _____	
Reason Given: _____	
Date of Termination: _____	
Reason for Termination: _____	
Signature of Chief: _____	
Additional Comments:	

BOROUGH OF UNION BEACH POLICE DEPARTMENT

MICHAEL J. WOODROW
CHIEF OF POLICE

GABRIEL FARESE
CAPTAIN OF POLICE

Please print all following information requested in order for the Borough of Union Beach to complete a background check. Then contact the department to be fingerprinted.

Position/Organization Applying for: UNION BEACH EMS

Company you work for (if Solicitor): _____

Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Former Name: _____

Phone Number: _____

I hereby authorize the Borough of Union Beach to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, driving history, juvenile history, and employment. I hereby release the Borough of Union Beach and its agents from all liability resulting from the furnishing of this information to the Borough of Union Beach or any Union Beach Emergency Services Branch.

I certify that the statements made by me on this form are true, complete, and correct. I understand that any false statements made herein could void my consideration as a:
Job Applicant, Volunteer, Vender, to obtain any License or Permit.

Signature: _____

Date: _____