

**CLARK VOLUNTEER EMERGENCY SQUAD
MEMBERSHIP APPLICATION**

Date of Application:

APPLICANT INFORMATION

Name:

Date of Birth

Email:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work:

Driver License #

State:

Pts on License:

EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work:

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work:

1 PERSONAL AND 2 PROFESSIONAL REFERENCES

Name:

Relationship:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work:

Name:

Relationship:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work:

Name:

Relationship:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work:

MEDICAL TRAINING/EXPERIENCE

Do you have any prior First Aid/CPR/ EMS experience? If so, please describe and include dates

CPR Certification:

Expires:

First Aid Cert:

NJ EMT #

Expires:

NREMT#

Bloodborne Pathogens:

NIMS 700

ICS 100

Other Certifications:

**CLARK VOLUNTEER EMERGENCY SQUAD
MEMBERSHIP APPLICATION**

Name of Applicant

LIST YOUR REASONS FOR WISHING TO JOIN CVES (continue on reverse side if needed)

DESCRIBE AN EXPERIENCE WHERE QUICK THINKING AND TEAMWORK PLAYED AN IMPORTANT PART

CLARK VOLUNTEER EMERGENCY SQUAD		
MEMBERSHIP APPLICATION		
Name of Applicant		
EDUCATIONAL BACKGROUND		
High School:		
City:	State:	Graduation Year:
Major Field of Study:		
College:		
City:	State:	Graduation Year:
Major Field of Study:		
Grad School:		
City:	State:	Graduation Year:
Major Field of Study:		
Technical School:		
City:	State:	Graduation Year:
Major Field of Study:		
Other:		
City:	State:	Graduation Year:
Major Field of Study:		
ADDITIONAL INFORMATION		
What languages are you fluent in?		
Do you suffer from any physical impairments or conditions that may need accomodations?Please explain		
Any additional Interests, hobbies or skills that you feel will benefit CVES		
AUTHORIZATION		
I authorize the designated individual(s) from the Clark Volunteer Emergency Squad to verify the information provided on this application as to my credibility, employment and educational history.		
Applicant signature		Date:

CLARK VOLUNTEER EMERGENCY SQUAD			
MEMBERSHIP APPLICATION			
Name of Applicant			
COMMITTEE USE ONLY			
Date Application Received:			
Notes:			
Applicant Interviewed by Committee			
Notes:			
Members Present:			
Application Approved by Committee			
Yes:	No:	Date:	
If no, please list reasons:			
MEMBERSHIP TIMELINE			
AREA	DATE	COMMITTEE MEMBER	DATE
Criminal Background Check			
Driver's Abstract			
Physical Completed			
Hepatitis B Form Signed			
Beneficiary Form Completed			
HIPPA Form Signed			
Uniforms Issued			
Radio Assigned			
Copy of Driver's License			
Copy of Certifications			
Mentor Assigned			
Start Riding			
Squad ID number Assigned			
MENTOR NOTES			
AREA	DATE	PROBATIONARY WORK	DATE
Basic Training Completed		PHASE 1	
Rig Check Training		PHASE 2	
Use of Radios		PHASE 3	
Attendance at Meetings		PHASE 4	
Attendance at Training Drills		PHASE 5	
Probationary Workbook Review		PHASE 6	
Riding Start Date		FULL MEMBER	
Committee Assignment			