



WASHINGTON EMERGENCY SQUAD
P.O. Box 4 • Washington, New Jersey 07882
908.689.0909

Dear Washington Emergency Squad Membership Applicant,

Thank you for your interest in volunteering to assist your community. You will find here the documents necessary to submit an application for membership along with information on our organization. Please read all the documents carefully, complete and sign the Membership Application and return to the below address.

Upon receipt of your completed application, the Washington Emergency Squad (WES) Line Officers will submit your name to the WES Trustees for investigation. Upon completion of their review, the Trustees will return the application to the Line Officers who will arrange an interview and schedule a time for you to visit our facility and meet some of the members.

Please enclose the completed documents in a sealed envelope and return to:

Washington Emergency Squad
P.O. Box 4
Washington, NJ 07882
Attn: Line Officers

If you wish to drop off your documents, our building is staffed from 6am – 6pm Monday through Friday and many times you will find a crew at the building during the evening.

If you have any questions, or wish to check on the status of your application please call the building at 908.689.0909 and leave a message for the Line Officers who will respond as quickly as possible.

Best regards,

Washington Emergency Squad Members



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ABOUT WES

The Washington Emergency Squad is a non-profit volunteer administered agency that provides Emergency Medical and Rescue services to Washington Borough and Washington Township along with Mutual Aid assistance to Franklin Township, Oxford Township and other surrounding areas as needed.

Our mission is to respond to our communities' emergency medical and/or rescue calls in the most effective manner possible. We do this by providing 24/7, 365 services utilizing a blend of paid and volunteer EMTs, and maintaining a fleet of ambulances along with a rescue truck and equipment.

HISTORY

Vernon C. "Bab" Oakes founded the Washington Emergency Squad in 1936. It was started as a "first-aid group" made up of 6 firemen. "Babs" and his men raised money to buy needed equipment such as a stretcher, blankets, inhalator, leg splints, floodlights, and some medical and first aid supplies.

On June 24, 1936, squad membership was increased to twelve (12) men. No longer restricted to fire calls, this well manned and equipped rescue organization became known as the Washington Fire Department First Aid and Rescue Squad. It was available to the public for all types of emergency services. By the end of 1936, the squad had answered five (5) calls. In 1979 Washington Emergency Squad became an independent organization from the Fire Department and having celebrated over 75 years of uninterrupted service, the members of the Washington Emergency Squad now run over 1700 calls a year.

Our members fall into three main categories:

Senior: (18yrs minimum)

Probationary

Active

Leave

Honorary

Associate: (18yrs minimum)

EMS Section

Rescue Section

Business/Administration



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Junior: (16yrs – 18yrs

EXPECTATIONS

As a member of the Washington Emergency Squad you will select to be assigned to a regular duty crew. Duty crews cover calls in 6-hour shifts, weekday Evenings from 18:00 – 00:00 hours and weekday Nights from 00:00 – 06:00 hours. Additional duty time is found on weekend Days 06:00 – 12:00, Afternoons 12:00 – 18:00, Evenings 18:00 – 00:00 and Nights 00:00 – 06:00 both Saturday and Sunday. We operate 24 hours per day, 365 days per year and utilize the services of paid staff, provided by Washington Emergency Services, to cover calls weekdays from 06:00 – 18:00. We ask that all Senior members cover a minimum of 12 hours duty time per week. Members are also asked to respond to “scramble calls” that occur when the assigned duty crew is busy or needs additional manpower.

In addition to providing emergency response coverage all members are expected to attend regular monthly meetings (held the 3rd Monday of each month at 19:30 hour), and participate in scheduled drills and training (1st and 2nd Wednesday evenings at 19:00 hours) and take part in special activities, including standbys and parades.

SENIOR MEMBERSHIP

To achieve full Senior Membership you must be capable of performing the job responsibilities of an Emergency Medical Technician (EMT). This requires certain physical capabilities, such as the ability to lift equipment and stretchers with patients on them; to drive under hazardous conditions; the mental capability to meet and maintain training levels; and the emotional capability to deal with stressful situations.

Members must be capable of completing classroom work at the beginning college level. Initial EMT training is 120 hours. EMT-Bs must also obtain and annually re-certify in a cardiopulmonary resuscitation (CPR) course for professional health care providers. This course if offered periodically by instructors specifically for Squad members.

EMT-B's must re-certify every five years, by completing successfully a refresher course and by obtaining continuing education credits (CEU's). Washington Emergency Squad covers the cost of each member's EMS-related training and recertification through approved CEU courses.



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Membership Application

Washington Emergency Squad considers applications for membership without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Washington Emergency Squad IS A DRUG-FREE WORKPLACE

PLEASE PRINT

MEMBERSHIP CATEGORY

- Senior Membership
- Associate Membership (circle one: EMS Section, Rescue Section, Business/Admin)
- Junior Membership (16yrs – 18yrs)

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Number: _____ Other Phone: _____

Email contact: _____

Social Security Number: _____ - _____ - _____

Driver's License #: _____



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BACKGROUND INFORMATION

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI, disorderly persons, or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If yes, explain: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: _____

Have you ever been subjected to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work? YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from membership.

PERSONAL INFORMATION

Have you ever worked/volunteered for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

Why do you want to volunteer with the Washington Emergency Squad? _____



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Have you ever been, or are you a member of any other emergency service (EMS, Rescue, or Fire), paid or volunteer? YES NO

If yes, please list the organization and the dates of membership and/or employment.

Agency/Organization: _____

Position: _____

Start Date: _____ End Date: _____

Volunteer Description (including duties and responsibilities): _____

Organization Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

Agency/Organization: _____

Position: _____

Start Date: _____ End Date: _____

Volunteer Description (including duties and responsibilities): _____

Organization Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

Agency/Organization: _____

Position: _____

Start Date: _____ End Date: _____

Volunteer Description (including duties and responsibilities): _____

Organization Telephone #: _____ May we contact? YES NO

Reason for leaving: _____



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MILITARY: Are you currently Active Reserve Status? YES NO

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Do you currently hold any valid certifications relative to EMS? Please list

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT			
National Registry			
EVOC/CEVO			
BTLS			
CDL			
Other:			
Other:			
Other:			



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REFERENCES

Do you have any relatives or friends working/volunteering here? _____

Please list: _____

List **three** persons we will contact, other than relatives, who are able to provide character references.
(Junior membership applicants should include one (1) reference from current school.)

(1) Name: _____

Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Email: _____

(2) Name: _____

Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Email: _____

(3) Name: _____

Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Email: _____



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ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for dismissal of membership. I further understand that this application does not mean automatic acceptance as a member of Washington Emergency Squad.

I hereby authorize Washington Emergency Squad to investigate my background history and to make any further investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release Washington Emergency Squad and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished and agree to reimburse the Washington Emergency Squad for all fees related to the background check in the event that the results of such check deem me unqualified to become a member.

Applicant's Signature: _____ Date: _____
(under 18, parent sign below)

Printed Name: _____

School records release for Junior Member applicants:

I authorize the release of my child's school records to the Trustees of the Washington Emergency Squad.

PARENT AUTHORIZATION: _____ DATE: _____

PRINT PARENT NAME: _____

ADDRESS: _____



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MEMBERSHIP PROFILE CHECKLIST (for office use only)

Name: _____

Application received (Date): _____

Application reviewed by Line Officers (Date): _____

Application advanced to Trustees (Date): _____

References checked by Trustees (Date): _____

Criminal Background check confirmed (Date): _____

Interview with Line Officers (Date): _____

Accepted into membership (Date): _____

Upon being accepted into membership each person will be familiarized with the following:

- Probationary period
- Station tour, orientation and rules
- Line and Desk Officers
- Duty crew assignment
- Ambulance orientation (performed by Duty Crew chief)
- Pagers and alert systems
- Response to calls
- Training requirements and drills
- Business meetings
- Uniform and turn-out gear issued



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Upon completion of the probationary period, in addition to EMT-B certification the prospective senior members must demonstrate competence in the following areas:

- Responding to calls as required during probationary period
- Maintenance of a professional appearance and behavior
- Ability to work well with other crewmembers
- Knowledge of location and use of equipment stored on the ambulance
- Patient assessment skills consistent with EMT-B curriculum
- Awareness of safety for self, crew, patients, and bystanders
- Proficient use of lifting and moving devices, including stretcher and stair chair
- Accurate and complete documentation
- Handling a call as Officer in Charge, as supervised by a Line Officer or designee.

It is agreed that the member listed above has achieved the goals of probationary membership and is eligible for status as a senior active member.

Member Signature: _____

Date: _____

Line Officers:

Captain: _____

Asst. Captain: _____

Lieutenant: _____