



Boonton Volunteer EMS



P.O. Box 16 Boonton, NJ 07005

Telephone (973) 334-4985 Emergency 9-1-1

MEMBERSHIP APPLICATION

Boonton Volunteer EMS is an Equal Opportunity organization.

(Do not include any information on race, color, creed, religion, sex, national origin, or handicap.)

Full Name: _____

(Cell) Phone Number: _____

Email: _____

Home Address: _____

DOB: ____/____/____

Have you ever been a member of any EMS agency before (volunteer or paid)? ☐ Yes ☐ No

-If yes please put the name of the agency, years served, and position held.

Special Skills Certifications (Please attach copies if applicable.)

Healthcare Professional CPR Card Yes ☐ No

New Jersey EMT Card Yes ☐ No ☐ *If not in NJ, please specify which state: _____

CEVO Yes ☐ No

Other: _____

References:

Please write the names and phone numbers of three non-relative references. These references also may NOT be members of the squad.

Reference 1: _____ Relationship: _____ Phone #: _____

Reference 2: _____ Relationship: _____ Phone #: _____

Reference 3: _____ Relationship: _____ Phone #: _____

*****If applicant is under 18 years of age*****

I hereby agree to follow all rules and regulations of the current Boonton Volunteer EMS Youth Squad policies/procedures. I understand that as a youth member, I am never to drive the ambulance. I am not to treat patients without supervision from a senior member of the squad. I may not ride overnight without written consent from my parent given to the captain. I also understand that I must ride at least one night a week unless arrangements are made with the captain and that failure to show up for my duty period without a valid excuse will not be tolerated.

Signature of Applicant: _____ Date: _____

Parent Signature: _____ Date: _____

*****If Applicant is 18+ years of age*****

BOONTON VOLUNTEER EMS
Background Check Authorization Form

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

CELL PHONE: _____ HOME PHONE: _____

DATE OF BIRTH: ____/____/____

Do you have a driver's license? Yes ☐ No ☐

STATE: _____ DL NUMBER: _____

As an applicant to the Boonton Volunteer EMS, I hereby give the Boonton Volunteer EMS and its officers and authorized representatives' permission to contact any employer, school, organization, persons, or others as reasonably necessary, to verify any information in my application. I also give permission to contact the same for the purpose of judging character and suitability for membership. *I hereby specifically give permission for the above listed personnel to do a motor vehicle and a criminal background check through any reasonable means and standards necessary for the purpose of judging character and suitability for membership in the Boonton Volunteer EMS.*

Signature: _____

Date: _____

Thank you for your interest in joining our organization! Please mail the application Boonton Volunteer EMS P.O Box 16 Boonton, NJ 07005 Or hand deliver it to: 150 Lathrop Ave, Boonton (Across from Police Headquarters).

!Please send an email to info@bkfas.org to confirm that we received your application!