

Wantage Township First Aid Squad

Adult Application Ages 18 and Older

Please contact either of the following people to return the completed application. After your application is submitted, you will be contacted to set up an interview.

Return applications to:

New Member Committee

973-875-9924

Email: wtfas.nj@gmail.com

WANTAGE TOWNSHIP FIRST AID SQUAD

APPLICATION CHECKLIST

Please fill out the enclosed application packet. Below is a list of what you will find in the application:

For those 16 years and 17 years of age:

- A two-sided application which includes: a section for personal information, a section to be notarized (can be completed at the Wantage Township Municipal Building), and a physical test record which needs to be signed by a primary healthcare provider
- A cadet corps packet including: a document of intent, a drug/alcohol policy, and a form requiring a signature by both the cadet and the parent(s)/legal guardian
- Application oath (to be signed by cadet and parent/legal guardian)
- A NJ State Driver History Abstract Request Form (return the official abstract to the squad only if you are 17 and have a driver's license) –*Return a receipt for reimbursement*
-----For an official abstract, send the attached form to the listed address or visit a branch of the NJ Motor Vehicle Commission

For those 18 of years or older:

- A two-sided application which includes: a section for personal information, a section to be notarized (can be completed at the Wantage Township Municipal Building), and a physical test record which needs to be signed by a primary healthcare provider
- Background check questionnaire
- Application oath sheet
- Fingerprinting/Criminal background check form through MorphoTrust USA –*Return a receipt for reimbursement*
*-----Use the enclosed form to register for a background check at bioapplicant.com/nj
- A NJ State Driver History Abstract Request Form (return the official abstract to the squad) –*Return a receipt for reimbursement*
-----For an official abstract, send the attached form to the listed address or visit a branch of the NJ Motor Vehicle Commission



WANTAGE TOWNSHIP
FIRST AID SQUAD

APPLICATION FOR MEMBERSHIP

APPLICANT MUST BE A RESIDENT OF TOWN OR JURISDICTIONAL DISTRICT FOR SIX (6) MONTHS

APPLICANT MUST BE WILLING TO UPHOLD THE OBJECTIVES AND BY-LAWS OF THE SQUAD (COPY ATTACHED)

Social Security No. _____

Telephone No. _____

Name _____
(PLEASE PRINT) First Middle Last

Address _____

Birthplace _____ Date _____

Present residence in _____ for _____ Years

If not born in U.S. - Date Naturalized _____ Place _____

If so, when and where _____

What is your regular occupation _____

Have you ever been a First Aider? ☐ Yes ☐ No If so, when _____
where _____

EMT ☐ Yes ☐ No Expiration Date _____

If not, are you willing to certify as an EMT within two years of becoming a member as required by the New Jersey First Aid Council ☐ Yes ☐ No

Proposed by _____

Signature of Applicant

STATE OF NEW JERSEY COUNTY OF _____

ss: _____

_____ being duly sworn, doth depose and says that the above
statements are true to the best of his knowledge and belief.

sworn to before me this _____ day of _____ 19 _____

Signature of Notary Public

MUNICIPAL APPROVAL

We hereby certify that this applicant was admitted to active membership in the Wantage Township First Aid Squad and has been approved by the governing body of _____ on the _____ day of _____ 19 _____

Signature of President

Signature of Municipal Clerk

Signature of Captain

PHYSICAL TEST RECORD

TO BE FILLED OUT BY A PRACTICING PHYSICIAN IN THE STATE OF N.J.

Name (PLEASE PRINT) _____
First Middle Last

Age _____ Height _____ Ft. _____ In. Weight _____ Lbs.

Eyesight _____ Hearing _____ Blood Pressure _____

Has applicant any apparent disabilities in:

Heart _____

Lungs _____

Joints _____

Veins _____

Feet and Legs _____

Hands and Arms _____

Spine _____

Hernia _____

Has applicant ever suffered from dizzy or fainting spells?

☐ Yes ☐ Denies Same

If yes, describe _____

Has applicant ever suffered from injury?

☐ Yes ☐ No If so, when? _____

Describe _____

Excessive use of narcotics, drugs or alcohol

☐ Yes ☐ No

Describe _____

REMARKS:

I HEREBY CERTIFY THAT AS A PRACTICING PHYSICIAN IN THE STATE OF NEW JERSEY THE APPLICANT IS PHYSICALLY:

MEDICAL EXAMINATION: Applicants will be required to pass a thorough medical examination in order to be placed on the eligible list. Any medical or physical condition or defect which would prevent efficient performance at the duties of the position, cause the applicant to be a hazard to himself or others.

☐ **FIT**

☐ **TEMPORARY REJECTED**

☐ **REJECTED**

Temporary Rejection or Direct Rejection is based on the following:

Date Examined _____ Examined at _____
address of office

Signature of Physician _____

REJECTION OF TEMPORARY STATUS MUST BE PROCESSED WITH A NEW APPLICATION

BACKGROUND CHECK QUESTIONNAIRE

☐ Yes

☐ No

Service with the Wantage Township First Aid Squad is conditioned upon the results of the applicant's criminal background check and drivers abstract. An answer of "Yes" to the question above may disqualify the applicant from service depending upon the circumstances involved. If the answer above is proven to be inaccurate the applicant will be disqualified. If your answer to the above question is "Yes," please explain below:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

WANTAGE TOWNSHIP FIRST AID SQUAD

APPLICATION OATH

Read carefully and sign below:

The facts set forth in my application for membership to the Wantage Township First Aid Squad are true and complete. I understand that if I'm accepted for membership, any false statements on this application may result in my dismissal from the Wantage Township First Aid Squad. I further understand that this application is not intended to be a contract for membership. This application does not obligate the Wantage Township First Aid Squad in any way to make me a member. Wantage Township First Aid Squad is hereby authorized to make any investigation of my personal history throughout any investigative agencies or bureaus of Wantage Township First Aid Squad's choice.

In making this application for membership to the Wantage Township First Aid Squad, I authorize Wantage Township First Aid Squad to make an investigative report whereby information is obtained through interviews with my neighbors, friends, or others with whom I am acquainted with. I also authorize Wantage Township First Aid Squad to make an investigative report of my personal driving record and criminal history throughout any agencies or bureaus of Wantage Township First Aid Squad's choice. I have the right to make a written request within a reasonable time to receive detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant

Parent/Legal Guardian Signature (If applicable)

Driver's License Number: _____

Expiration Date: _____

State: _____

PHOTO RELEASE FORM

I _____ hereby grant Wantage Township First Aid Squad permission to record on photography film and/or digital media, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials or on social media platforms used to promote Wantage Township First Aid Squad, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

I understand and agree that all photos will become the property of Wantage Township First Aid Squad and will not be returned.

I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of the photo

I have read and understand the above photo release. I affirm that I am at least 18 years of age, or, if I am under 18 years of age, I have obtained consent of my parent/guardian as evidenced by their signatures below.

Print Name: _____

Signature: _____

Date: _____

Parent/Guardian Name Print: _____

Signature: _____

Date: _____

Wantage Township First Aid Squad

Video Surveillance Statement

I _____ understand that in order to promote the safety of members and visitors, as well as the security of its facilities, Wantage Township First Aid Squad may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms, showers, and dressing rooms, and the video cameras will be positioned in appropriate places within and around Wantage Township First Aid Squad buildings and used in order to help promote the safety and security of people and property.

Print _____

Signature _____



Internet usage policy

This Internet Usage Policy applies to all volunteers of the Wantage Township First Aid Squad (WTFAS) who have access to computers and the Internet (wireless or hard wired) to be used in the performance of their duties or casual use at the building. Use of the Internet by volunteers of the WTFAS is permitted and encouraged where such use supports the goals and objectives of the organization. However, access to the Internet through WTFAS is a privilege and all WTFAS volunteers must adhere to the policies concerning Computer, Email and Internet usage. Violation of these policies could result in disciplinary and/or legal action leading up to and including dismissal from the squad. WTFAS volunteers may also be held personally liable for damages caused by any violations of this policy. All WTFAS volunteers by venture of receiving this policy verbally view email, and posting at the building received the policy information and confirm that they agree to abide by the rules hereunder.

- WTFAS volunteers are expected to use the Internet responsibly. Internet access is limited to the organizations needs to service our community and our operations. Added enabled to allow personal casual use either hardwired or via our wireless network
- Internet access is also encouraged to be used for research and educational tasks that may be found via the Internet that would help in an volunteer's role
- All Internet data that is composed, transmitted and/or received by the WTFAS's computer systems is considered to belong to the Squad and is recognized as part of its official data. It is therefore subject to disclosure for legal reasons or to other appropriate third parties
- The WTFAS reserves the right to monitor Internet traffic sent or received through its online connections
- All sites and downloads may be monitored and/or blocked by the WTFAS if they are deemed to be harmful to organization

Unacceptable use of the WTFAS Internet by volunteers includes, but is not limited to:

- Access to sites that contain obscene, hateful, pornographic, unlawful, violent or otherwise illegal material
- Sending or posting discriminatory, harassing, or threatening messages or images on the Internet or via the Wantage Township First Aid Squad's network
- Using computers to perpetrate any form of fraud, and/or software, film or music piracy
- Stealing, using, or disclosing someone else's password without authorization
- Downloading, copying or pirating software and electronic files that are copyrighted or without authorization
- Sharing confidential material or proprietary information outside of the organization
- Hacking into unauthorized websites
- Sending or posting information that is defamatory to the WTFAS, its services, patients and/or other squad members
- Introducing malicious software onto the WTFAS network and/or jeopardizing the security of the organization's electronic communications and/or record
- At no time should the wireless access password be share with anyone that is not part of the Wantage Township First Aid Squad

All terms and conditions as stated in this document are applicable to all users of the WTFAS's network and Internet connection. Any user violating these policies is subject to disciplinary actions including up to dismissal.

Driver History Abstract Application Request



Complete a separate form for each record requested. You may photocopy this form for your convenience. For applications other than official Government use, the proper fee(s) must accompany each request in the form of a check or money order payable to: "New Jersey Motor Vehicle Commission." Please supply a separate check for each record request and **DO NOT SEND CASH. Please note that turnaround time is approximately 3-4 weeks.**

MAIL TO:

**New Jersey Motor Vehicle Commission
Business & Government Services
225 East State Street
PO Box 142
Trenton, NJ 08666-0142**

*If you have any questions or need to obtain the status of a request sent by mail, please call 609-292-6100

**ALL APPLICANTS MUST COMPLETE SECTIONS A, B, C, AND E OF THIS FORM. COMPLETE SECTION D, IF APPLICABLE.
(Please print clearly)**

| | | |
|---|---|---|
| SECTION A – Applicant's Information | | |
| **Please put your <u>CURRENT ADDRESS</u>. Your documents will be mailed to the address that you provide in this section. Mail from the NJMVC is <u>not</u> forwarded. | | |
| Applicant's Name: | | |
| Applicant Type: | <input type="checkbox"/> Individual/Business <input type="checkbox"/> Government/Law Enforcement Entity | Phone Number: |
| Email Address: | | |
| Business or Government/Law Enforcement Entity Name (if applicable): | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Applicant Driver License Number or Government Issued ID Number (Please include a photocopy of your ID): | | |
| For Government or Law Enforcement Applicants: Please include a copy of your current Government issued Identification Card. Otherwise, include a photocopy of your Driver License or a photocopy of a Passport, Birth Certificate, or any valid state or federally issued ID. | | |
| SECTION B – Information Requested On | | |
| NJ Driver License Number (If you do not have the Driver's License number, you MUST supply name, DOB, gender, and address): | | |
| Name: | Date of Birth: | <input type="checkbox"/> M(Male) <input type="checkbox"/> F(Female) <input type="checkbox"/> X(Unspecified) |
| Street Address: | | |
| City: | State: | Zip Code: |
| SECTION C - Information Requested. Check all that apply and include the specific date you want covered for each record if applicable. Please supply separate checks for each record. | | |
| <input type="checkbox"/> | Certified Complete Driver History Abstract \$15 | |
| <input type="checkbox"/> | Certified 5 Year Driver History Abstract \$15 | |
| <input type="checkbox"/> | Order of Suspension \$15 | Date(s): _____ |
| <input type="checkbox"/> | Schedule of Suspension \$15 | Date(s): _____ |
| <input type="checkbox"/> | Restoration Notice \$15 | Date(s): _____ |
| <input type="checkbox"/> | Mailing List \$15 | Date(s): _____ |
| <input type="checkbox"/> | Summons \$15 | Date(s): _____ |
| <input type="checkbox"/> | Accident Report \$5 | Date(s): _____ |

**** IF YOU REQUIRE THE ISSUE DATE OF YOUR LICENSE, YOU MUST SUBMIT THE DO-11 FORM.**

DO-21

DO-21 (R1/24)

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SECTION D – Purpose for the Request (required ONLY when requesting another's record)

PLEASE READ THE BELOW SECTION OF THE NEW JERSEY DRIVER PRIVACY PROTECTION ACT, INITIAL NEXT TO THE PERMITTED USE(S) THAT APPLY TO YOUR SPECIFIC USE OF THE MVC RECORDS. THEN PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

USES PERMITTED BY N.J.S.A. 39:2-3.4(c)

____ 1. For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.

If acting on behalf of a Federal, State, or Local agency, please include a copy of an individual release consent form, the agreement with the client, or other proof that you have been retained to conduct an investigation.

____ 2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles; motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and the removal of non-owner records from the original owner records of motor vehicle manufacturers.

Please include the documentation supporting your request if the information is to be used for motor vehicle emissions, recalls, or advisories, etc.

____ 3. For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only;
a. To verify the accuracy of personal information submitted by the individual to the business or agents, employees or contractors; and
b. If such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

Please include a copy of the individual release consent form.

____ 4. For use in connection with any civil, criminal, administrative or arbitral proceeding in any Federal, State, or Local court or agency or before any self-regulating body, including service of process, investigation in anticipation of litigation, and the execution or enforcement of judgements and orders, or pursuant to an order of a Federal, State, or Local court.

Please include the Docket number and a letter from the client confirming that you have been retained. Please provide an explanation if no Docket number has been assigned. If no Docket number is available, please submit the case file number on Attorney letterhead and include a copy of the accident report.

____ 5. For use in educational initiatives, research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only organ procurement organizations as aggregated, non-identifying information.

Please include a description of the initiative or research on official letterhead.

____ 6. For use by an insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.

Please include supporting documents for intended use.

____ 7. For use in providing notice to the owners of towed or impounded vehicles.

Please include proof of authorization to tow or impound vehicles.

____ 8. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the "Commercial Motor Vehicle Safety Act," 49 U.S.C. App. §2710 et seq.

Please include a copy of an individual release consent form, a copy of the insurance policy, and a copy of the agreement if done on behalf of a client.

____ 9. For use in connection with the operation of private toll transportation facilities.

If your request does not fall under one of the above reasons:

____ 10. For use by any applicant, if the applicant demonstrates it has obtained the notarized written consent of the individual to whom the information pertains.

***Please note: If you selected number 10, a "Notarized Authorization to Release Personal Motor Vehicle Information" (Form BGS/DO-21A) must be submitted and will not be accepted unless it is acknowledged by a Notary Public or Attorney at Law.**

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Explanation of reason

Please explain in detail your reason for requesting this information and how you plan to use it. If involving a lawsuit, please state the type of lawsuit and your relationship to the case.

SECTION E – Terms and Conditions

The disclosure and use of personal information * contained in the record you have requested is governed by the "New Jersey Drivers' Privacy Act" (NJDPPIA), N.J.S.A. 39:2-3.3 et seq. The NJDPPIA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney's fees and litigation costs.

* "Personal Information" means information that identifies an individual, including an individual's photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. (NJDPPIA) and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPPIA.

I agree to hold the New Jersey motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another's record, I certify that:

1. Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
2. The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
3. If the information requested is to be used "in anticipation of litigation," pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
4. In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and Federal laws that require notification of individuals in the event of unauthorized release of Person Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty-four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

Signature of Applicant (original signature only – signature
Stamps are unacceptable)

Date

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WANTAGE TOWNSHIP FIRST AID SQUAD
Uniform Agreement Form

I _____ hereby state that I am taking Uniform shirts, Sweatshirts, and BDU pants from Wantage Township First Aid Squad, as a member this document states that I am signing that I as a member will be responsible for my uniform. And I am signing this document that states, if at anytime I resign my position as a member of WTFAS I am responsible to return all and any uniform shirts, sweatshirts, and BDU pants if my uniform attire is not returned in a timely fashion legal action can take place.

Short Sleeve Shirts: _____ Size: _____

Long Sleeve Shirts: _____ Size: _____

Polo Shirts: _____ Size: _____

Sweatshirts: _____ Size: _____

Winter Jacket: _____ Size: _____

Member Signature: _____

Officer Signature/Title: _____

Date: _____