# Wantage Township First Aid Squad

# Cadet Application Ages 16 and 17

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

#### 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
- o Application oath (to be signed by cadet and parent/legal guardian)
- o 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:

- o 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
- o 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



# APPLICATION FOR MEMBERSHIP

| Social Security No.   | Tele                    | phone No                               |
|---|-------------------------|--|
| Name  |                         |  |
| (PLEASE PRINT) First  | Middle                  | Last                                   |
| Address   | 14                      |  |
| Birthplace  |                         | Date                                   |
| Present residence in  |                         | *                                      |
| If not born in U.S Date Naturalized   |                         |  |
| If so, when and where   |                         |  |
| What is your regular occupation   |                         |  |
| Have you ever been a First Aider? Yes I where   |                         | hen                                    |
| EMT  Yes  No Expiration Date  | •                       |  |
| If not, are you willing to certify as an EMT within two Aid Council Yes No  Proposed by |                         | ***                                    |
| STATE OF NEW JERSEY COUNTY OF ss:   | -, Signa                | ature of Applicant                     |
|   | 200                     | <i>*</i>                               |
| statements are true to the best of his knowledge and h                                  | being duly swom         | n, doth depose and says that the above |
| sworn to before me this day of  |                         |  |
| day of  | 19                      |  |
|   | B:                      | Signature of Notary Public             |
|   |                         |  |
| MUNICI  | PAL APPROVAL            |  |
| We hereby certify that this applicant was admitted                                      | to active membership in | - W                                    |
| and has been approved by the governing body of  | w active membership in  | uie wantage lownship First Aid Squad   |
| and has been approved by the govening body of   | on the                  | day of 19                              |
|   |                         | Signature of President                 |
|   |                         | 9                                      |
| Signature of Municipal Clerk  |                         | Signature of Cattain                   |

# PHYSICAL TEST RECORD

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

| Name<br>(PLEASE PRINT)                  |  |              |                        | 8 10000  |
|---|--|--------------|------------------------|--|
| (PEEASE PRINT)                          | First  | Middle       | Last                   |  |
| Age                                     | Height Ft.   | In.          | Weight                 |  |
| Eyesight                                | Hearing  | Blood Pressu | ire                    |  |
| Has applicant any app                   | parent disabilities in:  |              |                        | 7  |
|   |  |              | 11000                  | (4)  |
|   |  | 9            | ungs                   | * 1979   |
| · 1000000000000000000000000000000000000 |  |              | leins                  | 2.0<br>46.5  |
|   |  |              | fands and Arms         |  |
| Spine                                   |  | H            | Iernia                 |  |
| Has applicant ever suf                  | ffered from dizzy or faintin   | g spells?    | Yes Denies Same        | · .  |
| If yes, describe_                       |  | 7/8          |                        |  |
|   | fered from injury?   |              | so, when?              |  |
| Describe                                |  |              | so, whelir             |  |
| **                                      | otics, drugs or alcohol  | **A          |                        |  |
|   |  |              |                        | 4  |
| 44.0                                    |  |              |                        |  |
|   |  |              |                        |  |
| MEDICAL EXAMINATION: AD                 | PY THAT AS A PRACTICIN  plicants will be required to pass a thorough the duties of |              |                        |  |
| □ FIT                                   |  | RARY REJECTE |                        | s.<br>CTED   |
| Temporary Rejection o                   | r Direct Rejection is based  |              | - Kiji                 | CIED   |
|   |  |              |                        |  |
|   |  |              | •                      | The second secon |
|   |  |              |                        |  |
| Date Examined                           | Examined at  |              |                        |  |
|   |  | ad           | dress of office        |  |
| PRIPORTO                                | M OF THE POST IN   |              | Signature of Physician |  |

REJECTION OF TEMPORARY STATUS MUST BE PROCESSED WITH A NEW APPLICATION

#### CADETS CORPS

#### DOCUMENT OF INTENT

The purpose of the Cadet Corps is to train residents of Wantage Township ages 16 and 17 on the operations and functions of emergency medical services. The Cadet Corps helps to teach and build the principles of a positive attitude, leadership, and teamwork all while preparing cadet members to eventually become full members of the first aid squad. Full members are defined as members who are at least 18 years of age who have served a one year probationary period.

Applicants for the Cadet Corp must be a resident of Wantage Township or live within a ten minute radius of the Wantage Township First Aid Squad building. Residents who are interested in membership must complete an application, signed by both the applicant and the applicant's parent(s)/legal guardian.

The candidate must make himself/herself available to complete training to become a New Jersey Emergency Medical Technician within two years of joining the squad. If training is not completed within two years of membership or within two attempts, membership may be terminated.

#### **Functions of Cadets:**

Each cadet member is responsible for active participation in Wantage First Aid Squad training, emergency calls, and events. Cadet members are expected to run one night a week from 6pm-12am and run one weekend night shift. The weekend rotation takes place every 5<sup>th</sup> weekend day and will be either a Saturday or a Sunday from 6pm-12am. If a Cadet is unable to run for reasons such as family emergency, illness or the need to study for a test, they must contact the crew chief ASAP. It is preferred that this notice is given in advance. With cadets providing advance notice, arrangements can be made.

#### A Cadet Member Will Learn:

- The importance and utilization of emergency medical services
- The location and use of equipment on an ambulance
- How to complete an accurate and legible patient care report
- How to communicate clearly and effectively on the radio
- How to effectively communicate with squad members and other services such as paramedics, law, fire, hospital staff etc...

The importance of teamwork

To build and expand on leadership skills and opportunities

#### Cadet Rules:

Cadets must always be in direct supervision of a qualified senior member. The cadet can
only perform duties with in their scope of practice as directed by the crew chief.

There must always be a non-provisional EMT present in the patient compartment at all

times with the cadet.

Cadet members shall not first respond to the scene of any ambulance call.

Cadet members cannot drive or operate the ambulance.

Cadets shall not use a blue light on any vehicle they use to respond to a call

 Cadets are required to read and understand the SOG (Standard Operating Guidelines) and By-laws.

The Cadet Corps also holds meetings every other month with occasional extra meetings as needed throughout the course of the year. The purpose of the Cadet Corps meetings is to help establish community outreach ideas, fundraising events, work on emergency medical service skills, teamwork, improve leadership and enjoy social events.

The Wantage Township First Aid Squad highly values education and believes school should always come first. Cadet members must maintain a grade point average of C or better. The Cadet Corps will periodically ask for report cards to make sure the grade point average requirement is fulfilled. If a cadet member does not maintain a C average or better, the cadet will be unable to run calls or participate in squad events. This will take place until the cadet is able to produce the next progress report or report card with a grade point average of a C or better.

# CADET CORPS PROHIBITS ALCOHOL AND/OR DRUG USE

The Wantage Township First Aid Squad prides itself on being an alcohol and drug free environment. The Wantage Township First Aid Squad recognizes that alcohol and/or drugs have an adverse effect on the health, safety, and welfare of all members. The Wantage Township First Aid Squad has a zero tolerance policy regarding alcohol and/or drugs. The use of alcohol and/or drugs is strictly prohibited among all members. Any cadet member that is found to be under the influence of alcohol and/ or drugs will be immediately suspended from the Cadet Corps. The case will then be passed on to the Wantage Township First Aid Squad Officers for review which may lead to complete dismissal from the first aid squad.

# CADET AND PARENTAL/ LEGAL GUARDIAN CONTRACT

| We (I) the parent(s)/ legal guard   | dian of   |                                      |              |                 | do     |
|---|---|--------------------------------------|--------------|-----------------|--------|
| We (1) the parent(s)/legal guard<br>ereby give permission for my/our son<br>first Aid Squad. Both mine and my ch<br>ead and understand the requirements/<br>n its entirety. Our signatures note that<br>the Wantage Townhip First Aid Squad | /daughte<br>ild's sigr<br>protocols<br>my child | on pages one, tw<br>will adhere to a | vo, three, a | nd four of this | packet |
|   | <b>1</b> 00                                     | 4                                    |              |                 |        |
|   |   |                                      |              |                 |        |
| •,  |   |                                      |              |                 | ٠.     |
| Cadet Printed Name  |   | e .                                  | · ·          |                 | 1992   |
| Cadet Signature   | * .   | 4                                    | (80)         | Date            |        |
| **  |   |                                      |              |                 |        |
|   |   |                                      |              |                 |        |
| Parent/Legal Guardian Printed   |   | R.                                   |              | 74 <u>8</u>     |        |
|   |   |                                      |              |                 |        |
| 10.00   |   |                                      |              |                 |        |
| Parent/Legal Guardian Signature   |   |                                      |              | Date            |        |

#### 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.

| " Aye                  |        |                        |                      |                    |
|------------------------|--------|------------------------|----------------------|--------------------|
|                        | •      | Signature of Applicant |                      |                    |
|                        |        | ¥ 192                  | 4                    |                    |
|                        | ,      |                        |                      |                    |
|                        | 192    | Parent/Le              | gal Guardian Signatu | re (If applicable) |
| Deliverale Liegnes Nur | m hour |                        |                      | Ų V                |
| Driver's License Nur   | noer:  |                        |                      | E 1987             |
| Expiration Date:       |        |                        |                      |                    |
| State:                 |        |                        |                      |                    |

### PHOTO RELEASE FORM

| nereby grant wantage   | I ownship 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 p  | hotographed may         |  |  |  |  |
| be used, in any form, as part of any future publications, brochur<br>materials or on social media platforms used to promote Wantag | e, or other printed     |  |  |  |  |
| Aid Squad, and further that such use shall be without payment  | of fees royalties       |  |  |  |  |
| special credit or other compensation.  | or result in the second |  |  |  |  |
| T11  | (m)                     |  |  |  |  |
| I understand and agree that all photos will become the property  | of Wantage '.           |  |  |  |  |
| Township First Aid Squad and will not be returned.   | 981                     |  |  |  |  |
| I waive any right to inspect or approve the finished product wh  | erein 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 the   | T 1 1 0                 |  |  |  |  |
| years of age, or, if I am under 18 years of age, I have obtained   | at I am at least 18     |  |  |  |  |
| parent/guardian as evidenced by their signatures below.  | sonsent of my           |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  | Sec.                    |  |  |  |  |
| Print Name:  |                         |  |  |  |  |
| 'A re  | ,                       |  |  |  |  |
| Signature:   |                         |  |  |  |  |
|  |                         |  |  |  |  |
| Date:  |                         |  |  |  |  |
|  |                         |  |  |  |  |
| 24   |                         |  |  |  |  |
|  |                         |  |  |  |  |
| Parent/Guardian Name Print:  |                         |  |  |  |  |
|  | ·                       |  |  |  |  |
| Parent/Guardian Name Print: Signature:   |                         |  |  |  |  |
|  | <del>-</del>            |  |  |  |  |
|  |                         |  |  |  |  |

### VIDEO SURVEILLANCE STATEMENT

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



#### 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.

# WANTAGE TOWNSHIP FIRST AID SQUAD **Uniform Agreement Form**

| taking Uniform shirts, Sweatshirts Township First Aid Squad, as a men signing that I as a member will be a am signing this document that stat position as a member of WTFAS I a uniform shirts, sweatshirts, and BD returned in a timely fashion legal a | mber this document state responsible for my unifores, if at anytime I resign m responsible to return DU pants if my uniform a | antage es that I am rm. And I my all and any |
|--|---|--|
| Short Sleeve Shirts:   | Size:   |  |
| Long Sleeve Shirts:  | Şize:   | _  |
| Polo Shirts:   | Size:   | •  |
| Sweatshirts:   | Size:   | 81.44  |
| Winter Jacket:   | Size:   |  |
| Member Signature:  |   |  |
| Officer Signature/Title:   |   |  |
| Date:  |   | <del></del>                                  |