

**CLINTON FIRST AID AND RESCUE SQUAD, INC.
P.O. Box 5265, Clinton, New Jersey 08809
908.735.4012**

Dear Clinton First Aid and Rescue Squad Applicant:

Thank you for your interest in joining our organization.

This package contains the following items for you to review and complete:

- Fact sheet
- Membership or Employment application
- Waiver forms

Please read all the documents carefully, complete, and sign the Membership or Employment application and each form. We ask that you retain the two-page fact sheet for your reference and become familiar with it. We cannot process your application unless all the enclosed documents are completed, signed and returned to us.

Upon receipt of your completed application, the Membership Committee will contact you to arrange an interview and schedule time for you to visit our headquarters and meet some of the members.

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

Clinton First Aid & Rescue Squad, Inc.
P.O. Box 5265
Clinton, NJ 08809
ATTN: Recruiting Officer

Please make sure to put appropriate postage on the envelope.

If, in the meantime, you have any questions, please call the building at 908.735.4012 and leave a message for the Membership Committee. One of the Membership Committee members will respond as quickly as possible.

We look forward to receiving your completed application.

Best regards,

Membership Committee

Encl.

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FACT SHEET

WHO WE ARE

The Clinton First Aid and Rescue Squad is a non-profit volunteer-run department that provides Emergency Medical and Rescue services (vehicle extrication, water rescue, collapse, trench, rope and confined-space rescue) to the Town of Clinton, Lebanon Borough, and portions of Clinton Township, Franklin Township and Union Township.

The Rescue Squad went into service on August 1, 1968 with our headquarters at the old Grandin Library building (the old Clinton Firehouse) on East Main Street. With two ambulances and a small group of dedicated members the squad answered 260 calls in our first full year of service.

Today, in our 42nd year of service, the Clinton First Aid and Rescue Squad has experienced tremendous growth in our response area population and in the number of calls for our services. We have five ambulances, a heavy rescue truck, a command unit, 3 rescue boats, a special services truck, and a technical rescue trailer. Our members run more than 2,000 calls a year in the 50+ square miles we cover.

In spite of all the growth and changes, the Clinton First Aid and Rescue Squad remains dedicated to its primary mission: providing the highest quality professional Emergency Medical Care for the sick and injured.

Our membership fall into four categories:

EMS
Rescue Associate
Water Rescue Associate
Cadet*

Within these categories several statuses of membership also exist:

Probationary
Active
Per Diem
Salaried
Leave (academic, medical, military and personal)
Honorary Exempt

*For information on becoming a cadet member, ages 16 and 17, please contact the Membership Committee for a cadet application.

WHAT IS EXPECTED OF YOU?

As a new member of the Clinton First Aid and Rescue Squad, Inc., you will be assigned to one of the regular duty crews. Duty crews cover calls in 12-hour shifts. Day shift runs from 06:00 to 18:00 hours. Night shift runs from 18:00 to 06:00 hours, 24 hours a day, seven days a week, 365 days a year. The following are the minimum duty time requirements, by type of Membership or Employment:

- EMS Member – 24 hours per month
- EMS Per Diem/Salaried – N/A
- EMS Cadet – 12 hours per month*
- Rescue Associate – 24 hours per month
- Water Rescue Associate – N/A

**Cadet members are assigned to duty crews according to the SOGs and, as a result, duty time availability may be limited. In these instances, the EMS Officers will determine Cadet duty time on a case-by-case basis.*

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In addition, EMS and Cadet members are assigned to four Saturday day shifts each year.

Each duty crew is expected to complete a rig check at the start of each shift as well as respond to calls in accordance with the Squad's standard operating guidelines (SOGs).

Times of the day when calls are not covered by the duty crew, including second calls when the duty crews are busy and calls that require additional manpower, are considered "scramble" calls. Squad members respond to these calls in accordance with the SOGs.

In addition to providing call coverage on both a duty and scramble basis, all CFARS members are expected to attend regular monthly meetings, participate in the relevant scheduled drills and training and take part in special activities, including standbys and open houses.

EMS MEMBERSHIP OR EMPLOYMENT

To become a fully-certified EMS member of the Squad, you must possess a valid New Jersey driver's license and be capable of performing the job responsibilities of an emergency medical technician. 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 emotional capability to deal with often-stressful situations. EMS members must complete a routine agility test as outlined by the SOGs.

EMS applicants must be capable of completing classroom work at the beginning college level. Initial EMT training is the equivalent of a three or four-credit, one-semester college course.

EMT-Bs must also obtain and annually re-certify in a cardiopulmonary resuscitation (CPR) course for professional health care providers. This course is offered periodically by instructors at the CFARS building specifically for Squad members.

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

RESCUE ASSOCIATE MEMBERSHIP

To become a Rescue Associate, you must be a) a fully certified EMS member of CFARS; b) an active EMS member of another rescue squad or c) a fully certified firefighter, with more than twelve (12) months experience in the applicable category.

Rescue Associates must possess a valid New Jersey driver's license, complete and annually re-certify in a cardiopulmonary resuscitation (CPR) course for professional health care providers, and be capable of performing the job responsibilities of the rescue team. This requires strenuous physical activity, including lifting and using heavy equipment; driving all Squad vehicles in hazardous conditions; mental capability to satisfactorily complete and maintain the training requirements as laid out in the relevant SOGs; and the emotional capability to deal with often-stressful situations. In addition, Rescue Associate members must complete a routine agility test as outlined by the SOGs.

WATER RESCUE MEMBERSHIP

The Squad also has special teams to respond to water rescue emergencies. These teams have unique physical and training requirements. For more information about the Water Rescue Associate category of membership, applicants must contact the Recruiting Officer at 908.735.4012 to arrange a Pre-Interview Meeting prior to submitting an application.

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CADET MEMBERSHIP

Cadet membership is an opportunity for young adults ages 16 and 17 to serve their community while learning about pre-hospital emergency medicine.

Cadet membership requires certain physical capabilities, such as the ability to lift equipment and stretchers with patients on them; mental capability to meet and maintain training levels; and emotional capability to deal with often-stressful situations. Cadet members must also complete the EMS membership routine agility test as outlined by the SOGs.

CFARS is committed to ensuring that our Cadet members remain focused on their priorities outside of the Squad. Cadets must be enrolled in an accredited high school and maintain a C average. In addition, Cadet duty time is restricted to minimize interference with their academic pursuits.

Parent or guardian permission is required for all Cadet applicants. In addition, a parent or guardian must attend the Cadet's membership interview.

PROBATIONARY STATUS

Every Squad applicant's acceptance into Membership or Employment is subject to the satisfactory completion of a probationary period. A probationary status member's duty crew will familiarize the new member with squad-specific protocols and assist him or her in practical application of EMT classroom training, while certain procedures will be explained by specific squad training personnel. Each probationary-status member is provided a checklist to complete which helps to ensure that he or she becomes fully familiar with all squad equipment and its use.

As previously discussed, every probationary member is expected to complete their regularly scheduled duty time as well as their rotating Saturday day shift.

Additionally, all members are expected to abide by squad rules and regulations. These range from those requiring adherence to specific squad call protocols and maintaining patient confidentiality to "housekeeping." Probationary-status members are subject to immediate dismissal if they are found in violation of the Squad's SOGs.

WHAT HAPPENS NEXT?

After completing the Membership or Employment application forms in this packet and returning them to the Squad building, your criminal and driving records are reviewed through the police and the state division of motor vehicles.

If satisfactory, you will be interviewed by the Squad's Membership Committee. After your formal interview, the Membership Committee will then determine whether to accept your application.

While CFARS adheres to a policy of non-discrimination in its selection process, including the provision of reasonable accommodations which do not cause undue hardship, it otherwise retains the right to determine, at its sole discretion, whether an applicant would be capable of performing squad duties as outlined in the bylaws and SOGs, and thus acceptable for Membership or Employment.

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APPLICATION FOR MEMBERSHIP OR EMPLOYMENT

Read the following carefully before completing this application. This application must be completed by the applicant. Any misstatement of fact, omissions or attempt to mislead this agency – if deliberate or in error – may lead to your disqualification at any time. This application must be printed in ink and all information filled in. If any requested data does not apply to you, indicate by entering "N/A." All questions must be answered completely or your application will be automatically disqualified.

Section I: Personal Record

Membership Category: EMS (Circle: EMS member Cadet)
Compensated (Circle: Per Diem Full-Time)
Rescue Associate
Water Rescue Associate

Please list the duty period(s) for which you are available (circle day or night shift):

Sunday (day/night) Monday (day/night) Tuesday (day/night) Wednesday (day/night)
Thursday (day/night) Friday (day/night) Saturday (day/night)

Name:

First Middle Last

Address:

Street Apt. (if any)

City State Zip

Phone:

Daytime Evening

E-Mail:

Driver's License:

Number State

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Section II: Employment History and Education

Current Employer:

Organization Name

Street Apt.

(if any)

City

State

Zip

Phone

Previous Employment *(List the all places of employment, from most recent to first. Include name of organization, dates of employment, and reasons for leaving)*

Have you ever been, or are you a member of any other emergency service (EMS, rescue, or fire), paid or volunteer? _____
If yes, please list the organizations and the dates of membership and/or employment.

Education *(list school(s), years attended, degree or certification received)*

Are you a United States Citizen or an alien authorized to work in the U.S.?

YES or NO (circle one)

Serving the Town of Clinton, Lebanon Borough, and portions of Clinton Township, Franklin Township and Union Township

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What prompted you to join the Clinton First Aid and Rescue Squad, Inc.?

Section III: Background Information

Have you had any traffic violations, other than parking, in the past 3 years? _____

If yes, please list date, place and type of violations:

Have you ever been charged, convicted, placed on probation, entered into a pretrial intervention (PTI) program or entered into a plea bargain in connection with a violation of law under the laws of any state, the federal government, or any other jurisdiction, other than a minor traffic violation?

YES or NO (circle one)

Have you even been subjected to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrender a health care licensure in any state or to an agency authorizing the legal right to work?

YES or NO (circle one)

If you answered "yes" to either of the above questions, you must provide official documentation that fully describes the offense, current status, and disposition of the case.

Please list the names and contact information of three references (at least one personal and one professional; for Cadet applicants, one must be a teacher or school coach) that we may contact regarding your application.

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Please read carefully and sign the following statement of intent:

I hereby apply for Membership or Employment in the Clinton First Aid and Rescue Squad, Inc. If accepted, I agree to be diligent, prompt and regular in the performance of my assigned duties and follow all policies, guidelines, rules and regulations.

I will not consume or be under the influence of alcoholic beverages or unlawful drugs while on duty and will adhere to the CFARS alcohol and drug policy.

I understand that my Membership or Employment will be rejected and can be terminated at any time if I have made any misstatement of fact, omissions or attempt to mislead this agency, if deliberate or in error.

Name (print)

Signature

Date

Volunteer members only: I agree to volunteer my services without financial remuneration. Initial: _____

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MEMBERSHIP PROFILE SHEET *Information to be filled in by Membership Committee, with updates attached by the Training Officer as necessary*

Application Received (Date): _____

Interview (Date): _____

Driver's License Confirmed (Date): _____

Criminal Background Check Confirmed (Date): _____

Accepted into membership (Date): _____

CPR Expiration Date: _____

Other (list certifications submitted at interview and expiration dates): _____

Hepatitis B Vaccination (list dates): _____

Current Employment verified by: _____
Officer Signature Date

Cadet Applicants Only:

School Enrollment and Attendance verified through presentation of most recent report card:

_____ Date
Officer Signature

Remarks from Membership Committee:

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DISCLOSURE AND RELEASE

In connection with my application for membership or employment (including contract for services) with the CLINTON FIRST AID AND RESCUE SQUAD, INC., I understand that consumer reports and criminal background records, which may contain public record information, may be requested and obtained. These reports may include information related to my criminal record and previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure criminal background information and Motor Vehicle Reports at any time during my employment, membership or contract period.

Print Name _____

*List maiden name
or any aliases* _____

Signature _____

Date _____

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(Please Print Name)

I understand that I must start my duty period within one month after being contacted by the line officer in charge of scheduling. Failure to do so will void my Membership or Employment.

I understand I must obtain certification in CPR for the Health Care Provider (or show proof of completion) within six weeks of joining the Clinton First Aid and Rescue Squad, Inc.

Signature

Date

Witness

For EMS members only: I understand that I should take the first available Emergency Medical Technician (EMT) course. If I cannot, I will take the next course available (Initial here). _____

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I _____ hereby acknowledge receipt of the Clinton First Aid and Rescue Squad, Inc. Fact Sheet.

I also acknowledge that I understand the contents and am able to comply with the requirements and rules and regulations outlined therein.

Signature

Address

Date

For Cadet Applicants Only:

I, _____, (print name of parent/guardian) hereby acknowledge that my (indicate relationship) _____ has received the Clinton First Aid and Rescue Squad, Inc. Fact Sheet.

I also acknowledge that he/she understands the contents and is able to comply with the requirements and rules and regulations outlined therein and give my consent for him/her to participate according to those policies, requirements, rules and regulations.

I also acknowledge that I have reviewed and understand the contents of the Clinton First Aid and Rescue Squad, Inc. Fact Sheet and _____'s (applicant's name) Application form.

Signature of parent/guardian

Address

Date