



PRINCETON FIRST AID & RESCUE SQUAD INC.

Dear Applicant,

Thank you for your interest in volunteering with the Princeton First Aid & Rescue Squad (PFARS). In addition to being incredibly rewarding, volunteering with PFARS is very demanding. It takes a lot of time and can be emotionally stressful. Please make sure you can meet the commitments involved before you apply.

When considering membership, it is important for an applicant to consider both the operational and administrative aspects of our organization. While our emergency operations are at the heart of our mission, those operations could not exist without significant administrative support. There are ample opportunities for members to take part in the administrative and business activities of our non-profit corporation as well as to hold leadership positions in both administrative and operational capacities.

If you have any questions about the application process or about membership in general, please contact us. We would like to thank you once again for your interest in the Princeton First Aid & Rescue Squad and for taking the time to complete our application. We look forward to meeting you soon.

Yours truly,

The Princeton First Aid & Rescue Squad, Inc.



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Application Process

The application process is as follows:

1. Attend an Information Session at Princeton First Aid and Rescue Squad (PFARS). Information Sessions are held at 6:30pm on the third Monday of every month.
2. Download, print, and fully complete this application packet.
 - Distribute the reference forms included in the application packet to three references who know you well (non-family members), and have your references return those forms to you.
 - Copy your Driver License (or permit if under 18), EMT card, CPR card, and any other certifications you may possess.
 - Return the completed application (with references and copies of certifications) to PFARS in person or via US Mail. **Applications are not accepted electronically. Incomplete applications will not be accepted.**
3. Take a CPR class (Healthcare Provider or Professional Rescuer level) as soon as possible! This step can be completed anytime before the last step of this application process (#7) and is at PFARS's expense if you have passed the interview step (#4) and take the CPR class at PFARS.
4. Once your application is received, you will be contacted to schedule an interview. Interviews are held on the second Monday of each month. During your interview, we will discuss why you wish to serve the community by joining PFARS and your understanding of the commitment necessary to be a successful PFARS member. We will also discuss your availability to take the EMT certification course if you are not yet certified.
5. If you are successful during your interview, we will send you a Welcome Packet to complete. This packet is comprised of questions regarding information that you will learn from several provided videos.
6. Upon successful completion of the Welcome Packet, you will be required to go to the University Medical Center of Princeton for a medical clearance evaluation and Urine Drug Screen (at PFARS's expense). You will also be required to go to the Princeton Police Department for a background and motor vehicle history check.
7. Finally, when all of the above steps are completed, you will attend an orientation at PFARS and then be cleared to ride as a new member of PFARS!

Requirements for Regular Membership (these are **minimum** requirements that are often exceeded!):

- 24 hours of on-duty time in the Station every four weeks
- Current NJ EMT-B, NREMT-B, or equivalent, or currently enrolled in an EMT Class
- Current CPR (Healthcare Provider or Professional Rescuer level)
- Attendance at four monthly general membership meetings per year
- Attendance at six monthly training drills per year



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APPLICATION CHECKLIST

FOR USE BY MEMBERSHIP COMMITTEE ONLY. PLEASE RETURN WITH APPLICATION.

APPLICANT NAME _____

DOCUMENTS RECEIVED

- Application
- Reference #1 _____
- Reference #2 _____
- Reference #3 _____
- Copies of EMS Certifications
- Copy of Driver License

Application complete on _____

INTERVIEW AND ACCEPTANCE

Date of Interview _____ Interviewed by _____

Executive Board _____ Action _____

Physical and Drug Test Results _____

Probationary Membership start at General Meeting on _____

PROGRESSION OF PROBATIONARY MEMBERSHIP

Anticipated completion of Module 1 _____

Anticipated completion of Module 2 _____

Anticipated completion of Module 5 _____

Anticipated promotion to Driver Trainee _____

Anticipated full Active Member _____

12 month limit for Probationary Membership expires on _____

Granted Active Status (full membership) on _____

EMPLOYMENT HISTORY

EMPLOYER #1 (MOST RECENT)	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #2	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #3	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #4	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	
EMPLOYER #5	DATES	SUPERVISOR
ADDRESS		PHONE (FOR CONTACT AS REFERENCE)
POSITION	REASON FOR LEAVING	

THE PRINCETON FIRST AID & RESCUE SQUAD MAY CONTACT ANY OF THE ABOVE SUPERVISORS FOR REFERENCES. IF YOU DO NOT WISH FOR ANY OF THE ABOVE SUPERVISORS TO BE CONTACTED, PLEASE DO NOT LIST A PHONE NUMBER FOR THOSE SUPERVISORS.

MILITARY SERVICE

BRANCH	DATES	RANK
TYPE OF DISCHARGE		SERVICE NUMBER
JOB DESCRIPTION AND TRAINING		

PERSONAL REFERENCES

A REFERENCE FORM SHOULD BE GIVEN TO EACH INDIVIDUAL LISTED BELOW. THESE PEOPLE SHOULD NOT BE RELATED TO YOU, BUT SHOULD BE ABLE TO COMMENT ON YOUR EDUCATION, WORK EXPERIENCE, COMMUNITY INVOLVEMENT, AND/OR CHARACTER.

NAME	ADDRESS	OCCUPATION/RELATION

GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION, OR IMPRISONED FOR ANY CRIMINAL OFFENSE? IF YES, PLEASE EXPLAIN BELOW.

YES NO

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION? IF YES, PLEASE EXPLAIN BELOW.

YES NO

HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF AN EMERGENCY SERVICES AGENCY? IF YES, PLEASE LIST BELOW.

YES NO

DEPARTMENT OR SQUAD	PHONE	DATES	SUPERVISOR

PERSONAL STATEMENTS

Why do you wish to join the Princeton First Aid & Rescue Squad? _____

What do **YOU** expect to gain if you are granted membership? _____

What will **THE SQUAD** gain from having you as a member? _____

What, if anything, concerns you about making a minimum of a two year commitment to the Squad? _____

OTHER INFORMATION

Please list any other information (certifications, areas of expertise, etc.) that you feel is beneficial to your consideration for membership. _____

FURTHER ANSWERS

Please use this space to answer any questions in previous sections of the application or to continue with partial responses. _____

SIGNATURE AND RELEASE

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge from the Princeton First Aid & Rescue Squad, Inc.

By signing below, I hereby authorize the Princeton First Aid & Rescue Squad and its officers or delegates to conduct any background investigations necessary to verify the above information. I understand that any offer of membership is contingent upon successfully passing a medical clearance examination and urine drug screen administered by the Squad's delegate, and by signing below I give my consent for that examination.

I further agree that, if granted membership, I will uphold the rules, regulations, and by-laws of the Princeton First Aid & Rescue Squad, Inc.

SIGNATURE OF APPLICANT, DATE

I am the parent or legal guardian of the applicant. My signature below signifies my consent to the above on behalf of the applicant. I take full responsibility for the applicant's actions on the Squad until he/she reaches his/her eighteenth birthday. I bear full responsibility for any and all squad uniforms and/or Squad equipment that may be issued to the applicant if granted membership.

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18), DATE



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DISCLOSURE AND RELEASE

In connection with my application for membership or employment with Princeton First Aid & Rescue Squad, Inc.

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my 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 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 named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

Signature

Date

Print Name

Driver's License Number

State



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Applicant Releases

All applicants shall complete the following liability waiver before being allowed to participate and be approved by the Duty Officer for each observational experience. In order to facilitate emergency response, Squad members may be sent on calls in place of the applicant at the discretion of the Crew Chief.

STATEMENT OF CONFIDENTIALITY

I understand that in the course of my observational experience with the Squad, I must hold medical information in confidence. This includes any patient information that I may come across purposefully or inadvertently, regardless of how it is presented to me (printed/written form, spoken word, computerized, facsimile, etc.). I understand that patient information is only accessible to fulfill obligations for information needed to serve the patient, organization, and community. I further understand that any violation of the confidentiality of medical information will result in the immediate termination of observational experience with the Squad and may result in legal action.

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE ABOVE STATEMENT OF CONFIDENTIALITY.

Printed Name: _____ Signature: _____ Date: ___/___/___

WAIVER OF RIGHTS

In consideration of being allowed to observe the activities and functions of the Princeton First Aid & Rescue Squad, Inc. (the "Squad"), such observation being entirely for the benefit of the undersigned and not for the Squad, the undersigned does hereby WAIVE any and all right of action against the Squad, its officers, directors, and/or members, for any injury or damage that (s)he might suffer while participating in the observation, including, but not limited to, property damage, injury, exposure to infectious or communicable disease, contracting an infectious or communicable disease, emotional distress or psychiatric disturbance or disease.

It is acknowledged by the undersigned that Squad activities may be inherently dangerous because of the multiple hazards encountered by emergency service response. Such hazards include, but are not limited to, the risk of accident, injury from bystanders or traffic, exposure to communicable and/or infectious diseases, which diseases may or may not be known to responders, and which diseases may not be curable and may adversely affect the health of the undersigned or cause disablement or death to the undersigned. It is further understood that it is impossible for Squad personnel to insure the complete safety of the undersigned. The undersigned, being fully aware of the potential for injury or damage, nonetheless assumes the risk of injury and/or damage. This Waiver shall be binding upon the undersigned's heirs, executors, and assigns.

I HAVE FULLY READ THIS ENTIRE WAIVER AND UNDERSTAND THAT BY SIGNING THIS WAIVER I AM WAIVING LEGAL RIGHTS AND THAT MY SIGNATURE HEREON HAS LEGAL SIGNIFICANCE. I HAVE NO QUESTIONS CONCERNING THE CONTENTS OF THIS WAIVER, AND I UNDERSTAND THAT SQUAD PERSONNEL ARE NOT AUTHORIZED TO VARY ITS TERMS.

Applicant's Name (please print clearly): _____

Applicant's Signature: _____ Date: _____

If the applicant is under 18 years of age:

I am the parent or legal guardian of the applicant. My signature below signifies my consent to the above on behalf of the applicant. I take full responsibility for the applicant's actions on the Squad until he/she reaches his/her eighteenth birthday. I bear full responsibility for any and all squad uniforms and/or Squad equipment that may be issued to the applicant if granted membership.

Parent/Legal Guardian Name (please print clearly): _____

Parent/Legal Guardian Signature: _____ Date: _____



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APPLICANT REFERENCE

APPLICANT NAME _____
LAST FIRST MIDDLE

I hereby authorize the reference listed below to provide the requested background and personal information to the Princeton First Aid & Rescue Squad, Inc., its officers, directors, and Membership Committee. I acknowledge that the completed reference form is the property of the Princeton First Aid & Rescue Squad, Inc., and I further waive any right I may have to review this reference form.

SIGNATURE OF APPLICANT, DATE _____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18), DATE _____

TO THE REFERENCE: The above named individual has applied for membership in the Princeton First Aid & Rescue Squad, Inc., and you have been given as a reference. References are required as part of the application, but your response is voluntary. If you choose to act as a reference, the information you provide may be relied upon by the Squad in determining whether or not to grant membership to the applicant. Please answer the following questions honestly and frankly as they apply to the applicant. After all, you or your family may have to call on the Squad for service, and the applicant might be the one to respond. Where possible, it would be helpful if you could provide an example or anecdote to illustrate your comments. If you require more space to provide an adequate answer, please feel free to attach additional pages. If you would like, you may respond in a different format on separate paper, but, if you do so, please return this form as well. **PLEASE RETURN THIS FORM TO THE APPLICANT.** You may return it in a signed/sealed envelope if you choose to do so. Initial here _____ if you choose to keep your reference confidential.

The Princeton First Aid & Rescue Squad, Inc., is a volunteer organization that provides emergency medical and rescue services to the community of Princeton, including Princeton Borough, Princeton Township, and Princeton University, as well as other surrounding areas when requested. Members must be of good moral character, reliable, trustworthy, and able to perform as part of a team within a command structure under stressful emergencies and sometimes in hazardous situations.

REFERENCE NAME _____ OCCUPATION _____

ADDRESS _____
NUMBER & STREET (APT#) CITY STATE ZIP

PHONE _____ EMAIL _____
DAY EVENING

For how long and in what capacity have you known the applicant? _____

How frequently do you have contact with him or her? _____

Is your relationship? (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC / SOCIAL**

Do you know any other persons who are acquainted with the applicant? _____

Would you have any reservations about entrusting the applicant with a sick or injured member of your immediate family?
YES / NO (comment if YES) _____

PLEASE RATE THE APPLICANT ON THE FOLLOWING SCALE (1 BEING LOWEST) OR INDICATE NO OPINION

Trustworthiness	Uncomfortable leaving valuables around him/her.	low avg high 1 2 3 4 5 6 7	Entrusted with keys to residence, to use of vehicle, to keep children, etc.	No opinion
Reliability	Unable to keep appointments or finish tasks. Always late.	low avg high 1 2 3 4 5 6 7	Keeps appointments without fail, finishes all expected tasks on or ahead of schedule.	No opinion
Interpersonal Skills	Uncomfortable around all but a few friends.	low avg high 1 2 3 4 5 6 7	At ease with most people regardless of sex, age, race, nationality, culture, etc. Able to communicate with ease.	No opinion
Ability to maintain confidential information	Always gossiping and spreading rumors.	low avg high 1 2 3 4 5 6 7	Does not gossip. Entrusted with very personal information.	No opinion
Ability to remain calm in stressful situations	Gets excited easily. Is outwardly very emotional to the point of not being able to function.	low avg high 1 2 3 4 5 6 7	Thrives under stress. Able to calmly act when others panic. Aides in resolving problems.	No opinion
Ability to receive constructive criticism	Has never been wrong. All mistakes are attributed to others. Gets agitated and hostile.	low avg high 1 2 3 4 5 6 7	Continually seeks to improve. Invites suggestions. Admits mistakes without shifting blame.	No opinion

List two of the applicant's strengths. _____

List the applicant's primary weakness. _____

Give an example of the applicant acting as a leader. _____

Give an example of the applicant facing and dealing with a personal challenge. _____

List any other comments you feel are pertinent (Special abilities or talents, alcohol or drug abuse concerns, psychological instability concerns, incidents of violence or aggression, etc.) _____

SIGNATURE OF REFERENCE, DATE _____

THANK YOU FOR TAKING THE TIME TO HELP US EVALUATE THIS APPLICANT.
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