



Neptune Emergency Medical Services

Neptune Township, New Jersey
APPLICATION FOR MEMBERSHIP



Dear Prospective Member,

The Neptune Township Emergency Medical Services (NTEMS) is comprised of three volunteer squads. They are Neptune First Aid Squad, Shark River Hills First Aid Squad and Ocean Grove Fire Department First Aid.

We are a diverse group of emergency medical technicians who cover a community that reaches from the surf of the Atlantic Ocean to the busy lanes of the Garden State Parkway. We are your friends, neighbors and relatives, all joined in the desire to provide volunteer emergency medical care to a community of about 28,000 people and to the many commuters and vacationers who are just passing through or staying for a summertime of fun.

We are part of many subdivisions of the township's specialty rescue groups.

-The ANSWER (Area Network of Shore Water Emergency Responders) team provides rescue swimmers, divers, EMTs, personal water craft and a rescue boat for water emergencies.

-The Neptune Special Operations Team provides several components, including medical support, for confined space, structural collapse, beach/sand collapse rescues.

-The New Jersey EMS Task Force is a team of highly trained specialists providing logistical support throughout the state. Neptune EMS staffs a Medical Ambulance Bus (MAB), Alternative Support Apparatus (ASAP Gator), Special Operations Vehicle (SOV), Support Gator and Gatekeeper medical tent system.

We receive invaluable help from the paid crew and volunteer members of the Neptune Fire Department, which is comprised of the Hamilton, Liberty, Shark River Hills and Unexcelled Fire Companies, and the volunteer members of the Ocean Grove Fire Department.

The Neptune Township Committee provides crucial support including the purchase and repair of our equipment. When there is a nor'easter, blizzard, hurricane or blackout, rest assured that we're on duty, camped out at our headquarters or staffing emergency evacuation shelters.

You'll also see us at the home games of the Neptune Township High School Scarlet Fliers football team, at the fireworks and festivities on Neptune Day, and at the Neptune Invitational Soccer Tournament, which draws teams from several states and from overseas.

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As a member of NTEMS, you will be required to have specific EMS training which we will provide for. You will be responsible for scheduled Duty Crews in shifts, typically 6 to 12 hour shifts. Fundraising is a large part of our fiscal stability. Each squad has a variety of events with which you will be responsible to assist.

You will be oriented to the specific rules, regulations, bylaws, etc. when you are accepted to one of the squads. You will be advised of the requirements needed for the subdivisions.

Thank you for your interest in NTEMS! For more information you may call 732-776-9192 extension 616.

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Do you have a preference for a squad? Neptune Shark River Hills Ocean Grove

Status: Full Time Per Diem Volunteer

Section A:

Name: _____ Gender _____

Address: _____

City/State/Zip: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Driver's License #: _____ Phone #: _____

Mobile #: _____ Mobile Carrier: _____

E-mail: _____

If at address for less than 5 years, provide previous address:

Address: _____

City/State/Zip: _____

(Only to be completed if applicant is a minor)

If Minor, Name of Parent or Guardian: _____

Parent/Guardian's Address: _____

City/State/Zip: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Phone #: _____ Mobile #: _____

Section B:

Current Employer: _____ Occupation: _____

Work Address: _____

Work Phone: _____

Section C:

Has applicant ever been convicted of a crime other than a traffic offense? Yes No

Has your driving privilege been revoked, suspended or restricted anywhere in the last 10 years, including any pending issue? Yes No

Has applicant ever been convicted of a traffic violation in the past 5 years? Yes No

Date of Moving Violation: _____ Type of Violation: _____

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NEW EMPLOYEE INFORMATION SHEET

Section D:

PARAMEDIC or NJOEMS ID CERT #: EMT PARAMEDIC Cert# _____

Do you already have an ImageTrend Log-in? YES NO

List Log-in if Yes: _____

Section E:

Emergency Contact:

Name _____ Relationship _____

Address _____

City/State/Zip _____

Home: _____ Cell: _____ Other: _____

For Office Use Only:

- Email (Dist List)*
- When to Work*
- Image Trend*
- EMS1 Academy*
- EMT Verif.*
- Copies of Certifications (CPR, EMT, DL)*

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Section D: AFFILIATION INFORMATION

Has applicant had or currently have any other EMS, First Aid or Rescue Squad affiliations? If so, please list them:

EMS/Squad Agency Name: _____ Dates: _____

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EMS/Squad Agency Name: _____ Dates: _____

CERTIFICATIONS AND TRAINING

Do you hold any certifications pertinent to Emergency Services? If so, List Below.

CPR: Level _____ EMT/Paramedic CEVO/EVOC

ICS (Highest Level): _____ HazMat Awareness CBRNE Awareness

Others: _____

Have you served in the Military? Yes No

If yes, indicate branch, dates of service, rank at discharge and type of discharge.

AVAILABILITY: What is your potential availability?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

To the best of my knowledge, all the information contained within this application is said to be accurate and true. I have been advised that a mandatory criminal history check is required and will be performed upon submission of this application. If accepted by this agency, I agree to comply with all lawful orders and regulations of this agency. I understand this agency is not required to accept my application, is not required to offer membership to me and that any false statement on this application is sufficient cause for rejection or dismissal.

Signature: _____ Date: _____

NOTE: Once you have completed Page 1 & 2, please have your Doctor complete page 3. Submit page 4 to the Neptune Police department and send pages 1,2 &3 to:

**Neptune EMS
2201 Heck Ave
Attention EMS
Neptune, NJ 07753**

Or send to NTEMS@neptunetownship.org

Or you may drop them off at the Neptune EMS Office building in person.

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PHYSICIAN'S REPORT (to be completed by your Doctor)

Is applicant able to lift 150 pounds or more?: Yes No

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____/_____/_____ Vision: _____ Hearing: _____

Any physical limitations: Yes No If yes, please explain: _____

Any previous injuries: Yes No If yes, please explain: _____

Medical History: _____

Medications: _____

Allergies: _____

Comments: _____

Physician's Printed Name & Address: _____

Based on this physical examination, the applicant has no health issues that would limit the ability to function as a member of the first aid squad.

Signature of physician: _____ Date: _____

Squad: Neptune Shark River Hills Ocean Grove

BACKGROUND CHECK APPLICATION

**Note: This page is to be taken to the Neptune Police Department after making an appointment for fingerprints (tel: 732-988-8000)
Det. M. Adam ext 426**

Applicant shall complete all the following information. If required information does not apply, applicant shall answer "none".

Name: _____

Address: _____

Date of Birth: ____/____/____ Place of Birth: _____

Social Security #: ____-____-____ Telephone: _____

Driver's License #: _____ State of Issue: _____

Any conviction of violation NJS 2C:17-1: _____

- a. Aggravated Arson: _____
- b. Arson: _____
- c. Failure to control or report dangerous fire: _____
- d. Directly or indirectly pays or accepts any form of consideration for the purpose of starting a fire or explosion of any kind: _____

Any conviction of violation NJS 2C:33-3 false public alarms: _____

Any conviction of a crime or disorderly person's violation: _____

If more space is needed, applicant shall add additional pages and staple same to this sheet.

I understand that this form will be provided to the Chief of Police of the Township of Neptune, NJ who will do a criminal background and history check on me and will report the results to the Emergency Management Coordinator who will, in turn, provide the results to the Volunteer First Aid Squad to which I am applying to be a member. In connection with this application I further understand that I must make an appointment with the Township of Neptune Police Department for purposes of giving my fingerprints which will be placed on a State application Fingerprint Card which will be submitted to the New Jersey State Police and used to do a criminal background and history check on me. I specifically authorize such criminal background and history check and the taking of my fingerprints and I am executing an authorization form.

I am the above applicant and I certify that the above information I have provided is true and complete.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Legal Guardian (If Minor): _____

Date: _____ Neptune Twp. Police Signature/Badge #: _____
