



Teaneck Volunteer Ambulance Corps

P.O. Box 32, Teaneck, NJ 07666

www.teaneckambulance.org



Application Packet

Thank you for your interest in joining the Teaneck Volunteer Ambulance Corps (TVAC). The Teaneck Volunteer Ambulance Corps is Teaneck's designated emergency medical service for all 9-1-1 calls requiring an ambulance response. Since the Corps was founded in 1939, all of our members have been volunteers and we have never charged patients for our services. We respond to over 4,000 emergency calls per year and take pride in routinely saving lives with our rapid response and application of Basic Life Support skills. When you join us, you will become a part of Teaneck's Emergency Services. We expect you to take this responsibility as seriously as we do.

In this packet, you will find the Requirements and Responsibilities for Membership with our organization, an Application for Membership and a Medical Certification form. Throughout the application process, a member of the Recruiting Committee will be available to answer any questions you may have. If you have any additional questions or concerns throughout the process, please feel free to contact the Recruiting Committee Chairperson at recruiting@teaneckambulance.org

Requirements for Membership

The Teaneck Volunteer Ambulance Corps does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. However, due to the nature of our work, all applicants must meet the following requirements for Membership:

- **Age:** Must be at least 15 ½ years of age at time of application.
- **Physical Requirements:** Members are expected to be in good health with the ability to lift/carry up to 147 pounds, climb, bend, stoop and crawl on uneven terrain though varied environmental conditions. You must be unaffected by loud noises and flashing lights and be able to perform all tasks related to delivering the highest quality of patient care in an emergency setting.
- **Other Requirements:** Members must possess the ability to effectively communicate (written and verbal), use good judgment and remain calm in high-stress situations. You must be able to manage a wide variety of emergencies including performing CPR, controlling bleeding, etc.

Responsibilities of Members

No previous training is necessary to join as we begin the in-house training process prior to completion of your certification courses. However, members must maintain all required certifications and meet shift requirements in order to continue their active membership. All members are responsible for fulfilling the following:

- **CPR Certification:** Within 60 days of joining, members must successfully complete an approved CPR (Healthcare Professional Level) course and achieve a passing score on the practical and written certification examination. You must maintain this certification (recertify) throughout your active membership.
- **Emergency Medical Technician (EMT) Certification:** within one year of joining, members must successfully complete an approved New Jersey (or reciprocal state) EMT course, achieve a passing score on the practical and written certification examination and pass the state background check process.



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We will help you to enroll in training courses and assist you in utilizing NJ State Training Funds available which cover the cost of your in-state training. Please note that the EMT course requires a significant investment of your time as well as an additional commitment as part of the recertification process every few years.

- **Other Training/Certifications:** You will be given plenty of supervision and assistance to ensure that you become a competent and confident EMT. You will be expected to engage in continuous learning activities including additional certifications that may be required, training on new equipment, attending drills/meetings and keeping up to date in the EMS field.
- **Weekly Shifts:** All members must be available to commit to a *minimum of four hours per week on duty* on a regularly scheduled shift. When on duty, you must be ready to respond in uniform from our headquarters and assist in other Corps responsibilities when not responding to emergency calls. While on duty, you must never be under the influence of drugs or alcohol.
- **Sunday Shifts:** In addition to the weekly shift, we require each member to complete *two twelve-hour Sunday shifts (7:00 am to 7:00 pm)* per year.
- **Residency:** While members are not required to be residents of Teaneck, priority is given to residents of Teaneck for shift assignments. Out of town residents will be assigned a shift during the daytime (between 7am to 7pm) or a sleep-in overnight shift (from 11pm to 7am).
- **Probationary Membership:** Upon joining the Corps, you will be considered a Probationary Member until such time that all requirements for Regular Membership are met which include:
 - Responding to over 50 calls, which on at least 10 you will act as the primary care-giver and be evaluated on your performance.
 - Completing all modules of the Probationary Member Training Program as well as attending monthly Probationary Training Meetings.
 - Perform rotations on different shifts and complete work on a committee.
 - Pass all TVAC qualification testing including a written exam and scenario tests.

Application Process

The following is an overview of the process to be accepted as a Probationary Member to TVAC:

- Application:** Complete the attached 'Application for Membership' along with the 'Medical Certification' and email it to our Recruiting Committee at recruiting@teaneckambulance.org. Alternatively, you can mail your completed application to:
TVAC - Attention: Recruiting Committee, P.O. Box 32, Teaneck, NJ 07666
- Interview:** A member of the recruiting committee will reach out to confirm receipt of your application and to schedule an interview with you.
- Background Check:** The recruiting committee will conduct a background and reference check using the information you provided on your application.
- Trustee Meeting:** You will be invited to attend the next Trustees Meeting whereupon the Board of Trustees will meet with you and vote on your acceptance.
- Lifting Test:** You will be required to successfully complete a physical lifting test using a manual stretcher and a simulated patient weighing 150 pounds.
- Crew Assignment:** Upon completing all of the above, a members of Operations will reach out to you to assign you to a shift and share important information to prepare you for your first shift.



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Information about EMS Training and Certifications in the Bergen County Area

Please review the requirements for completing and maintaining both your Health-Care Provider level CPR Certification and your state Emergency Medical Technician (EMT) certifications that will be required.

New Jersey State - EMT Training Fund (EMTTF)

The New Jersey Department of Health – Office of Emergency Medical Services has allocated state funding for EMT Training of members in good standing of Volunteer EMS Agencies. If you meet [all criteria](#), the tuition for your initial EMT certification program will be covered by this fund. EMT Training sites that are covered and accept the EMTTF can be found on: <http://www.nj.gov/health/ems/education/>

TVAC will provide you with an original signed EMTTF certificate of eligibility for each course you take. Because of the existence of the EMTTF, TVAC will not reimburse for EMT programs which do not accept the EMTTF certificates (i.e. private training centers, out-of-state, etc.)

CPR Certification

You will need to possess a valid CPR certification at the level of “**professional rescuer**” by one of the following vendors approved by The NJ Department of Health – Office of Emergency Medical Services:

- American Heart Association – BLS Healthcare Provider
- American Red Cross – Professional Rescuer
- American Safety and Health Institute – Professional Rescuer
- AAOS/ACEP Emergency Care and Safety Institute – Healthcare Provider
- National Safety Council – Basic Life Support: Healthcare & Professional Rescuers
- Department of Defense – Professional Rescuer

Emergency Medical Technician (EMT) Certification

We recommend the courses offered at the [Bergen County EMS Training Center](https://emsregistration.bergen.org/) in Paramus (<https://emsregistration.bergen.org/>) which is also now associated with the Bergen County Police, Fire and EMS Academies in Mahwah, NJ. The EMT courses run in the Fall (begins in September), Spring (begins in January) and Summer semesters. Specific registration and start dates vary from year to year, but all courses fill up **very** quickly. It is imperative that online registration forms are submitted as soon as registration opens in order to secure a seat. The course generally meets a few evenings each week with several weekend classes throughout the semester; day classes are also available. The state of New Jersey requires all EMT candidates to be 16 years of age by the first day of their certification course.

Additional training sites throughout New Jersey can be found at: <http://www.nj.gov/health/ems/education/>



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Application for Membership

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Mailing Address: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Previous Address Held Within the Past 5 Years:

Driver's License #: _____ State: _____

List all accidents and/or violations within the past 5 years including Date, Location and Description:

Have you ever been convicted of a crime or been refused bond? No Yes

If you answered 'Yes' to the above question, list all incidents including Date, Location and Description:

PROFESSIONAL INFORMATION

Occupation: _____ Employer/School: _____

Address: _____

Work Supervisor/School Reference contact info: Name: _____

Phone: _____ Email: _____

Highest Level of Education Completed: (check one)

High School Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree

Have you even served in the military: No Yes

Nation/Branch/Dates: _____

Have you even been part of a paid or volunteer EMS or other Public Safety Agency: No Yes

Agency/Type/Dates: _____



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CERTIFICATIONS	Please indicate Certifications held and attach copies of all current cards/certificates:	
	CPR "Professional Rescuer" level:	<input type="checkbox"/> No <input type="checkbox"/> Yes → Who Issued: _____ Expiration: _____
	Emergency Medical Technician (EMT):	<input type="checkbox"/> No <input type="checkbox"/> Yes → State Issued: _____ Expiration: _____
	Other Relevant (First Responder, Fire, Rescue, etc.): _____ _____	

AVAILABILITY	Please indicate the time periods in which you are available to ride noting <u>1st</u> choice, <u>2nd</u> choice and <u>3rd</u> choice. Black out any time periods in which you are unavailable. If you are unsure of your availability, leave this section blank and discuss it personally with a member of the Recruitment Committee.							
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	7am - 11am							
	11am - 3pm							
	3pm - 7pm							
	7pm - 11pm							
	11pm - 7am							

REFERENCES	Please list the names, relationship (how do you know this person) and contact details for three people who will vouch for your good character. DO NOT list relatives.			
	Name	Relationship	Email Address	Phone

STATEMENT	In the space below, please write a brief statement explaining why you wish to join TVAC:

I certify that the above information is true and complete to the best of my knowledge. I agree that if I become a member, I will abide by the rules and regulations of the NJ Department of Health and the Teaneck Volunteer Ambulance Corps. I also accept that failure to complete basic TVAC requirements while accepting NJ Training Funds may result in my action being reported to the NJ Department of Health.

Signature: _____ Date: _____

OFFICE USE ONLY:	Received By: _____ Date: _____
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Medical Certification Form

Essential Functions of an Emergency Medical Technician (EMT):

- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance) when moving patients.
- Ability to bend, stoop, crawl on uneven terrain even in low light situations and confined spaces.
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture.
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality of patient care.
- Ability to read, converse and communicate effectively in English, both oral and written.
- @' -U u' us good judgement, remain calm in high stress efficiently without interruption throughout an entire work shift.
- Ability to assess patients, use Basic Life Support equipment and techniques including performing CPR, using an AED, control bleeding, immobilize bones, manage environmental emergencies and administer medication.

To Be Completed by Physician

I, _____, a licensed Physician, hereby state that
Physician Name (Printed)

I have examined _____, an applicant to the
Applicant Name (Printed)

Teaneck Volunteer Ambulance Corps. I find no reason why he/she should not be able to perform the essential functions involved in working as an EMT, as described above.

Physician's Signature: _____ Date: _____

Print Physician Name: _____

Office Address: _____

Office Phone: _____

Please list (or attach) all Hepatitis-B Immunization Dates on record in your office:

Dose 1	Date Given: _____
Dose 2	Date Given: _____
Dose 3	Date Given: _____
Blood Test showing antibodies to Hep-B	Date Confirmed: _____