

Teaneck Volunteer Ambulance Corps
P.O. Box 32, 855 Windsor Road
Teaneck, NJ 07666
www.TeaneckVAC.org



Welcome!

Thank you for your interest in joining TVAC.

We are Teaneck's only emergency ambulance service. All our members are volunteers, and serve without pay. We respond to over 3000 emergency calls a year and routinely save lives and reduce suffering by rapid response and application of Basic Life Support skills. When you join us, you will become part of a well organized, well prepared team that will count on you as a valued member.

To become a member, you must be at least 15 ½ years of age, in good health, able to lift, and capable of physical exertion. All members must be available to spend a minimum of 4 hours per week on duty, in uniform, at our headquarters. No previous training is necessary to join; however, you will be required to become a state certified EMERGENCY MEDICAL TECHNICIAN within 9 months of joining. We will help you obtain training and assist you in utilizing state funds to cover the cost of your training. You will be given plenty of supervision and assistance to ensure that you become a competent and confident EMT.

Men and women of all races, religions, ethnic groups and sexual orientation are invited to join. Out-of-town residents are welcome, provided that they are available to serve their 4 hours during ONE day shift a week any time between 7 AM and 7 PM, or are able to sleep here one night a week between 11 PM and 7 AM.

Don't be shy; if you have any questions, or aren't sure, Email us at info@TeaneckVac.org or call us. Call 837-2600, ask for the ambulance corps and ask to speak to the Captain or the Personnel Lieutenant.

Fill out both sides of sheet 2 and mail it back to us at Teaneck Volunteer Ambulance Corps. P.O. Box 32, Teaneck, NJ 07666. Save this page for your doctor's signature. See Reverse.

MEDICAL CERTIFICATION

Emergency Medical Technicians respond to the scenes of medical emergencies and traumas. They apply CPR and other basic life support skills. In crews of two or more, they lift, move and carry patients, including up and down stairs. They bend, kneel and work in confined spaces.

I, _____, A Licensed Physician, hereby state that I have examined _____, an applicant to the Teaneck Volunteer Ambulance Corps., and Find no reason why s/he should not be able to perform the above outlined tasks.

Signature

Date

Please list all Hepatitis-B immunization dates on record in your office.	Shot #1	/	/
	Shot #2	/	/
	Shot #3	/	/

PRINT PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE: _____

Application for Membership

NAME: _____ SS#: _____
ADDRESS: _____ D.O.B: _____
_____ Is this your permanent Address: Y N
Day Phone: _____ Night: _____ Other: _____

EMAIL ADDRESS: _____

LIST ANY OTHER ADDRESSES FOR THE LAST 5 YEARS:

OCCUPATION: _____
EMPLOYER/SCHOOL: _____ PHONE: _____
ADDRESS: _____

Person at your Job/school we can call for a reference: _____
Phone: _____

Highest level of Education: Some H.S. All H.S. Some College All College
Masters Doctorate Other _____

Have you ever served in the military: Y N

Nation _____ Branch _____ Dates: _____

Have you been part of a paid or volunteer Public Safety Agency: Y N

Agency _____ Type: _____ Dates: _____

Agency _____ Type: _____ Dates: _____

Have You ever been convicted of a crime: Y N

Date: _____ Location _____: Desc. _____

Have you Ever been refused Bond: Y N

DRIVER'S LICENSE: _____ STATE: _____

List all accidents and/or violations for the last 5 years:

SEE OTHER SIDE

Fill out both sides. Mail to: TVAC PO Box 32, Teaneck, NJ 07666.

Do not wait to obtain your physicians signature. It can be obtained separately.

Application for Membership

PLEASE LIST ANY PREVIOUS TRAINING & ATTACH COPIES OF CERTS:

CPR: Y N; AHA ARC, Type _____ Exp. _____
 E.M.T: Y N; NJ NY PA _____; B I P Exp. _____
 P.H.T.L.S: Y N; Date _____
 B.T.L.S: Y N; Date _____
 Haz-Mat: Y N; Date _____
 I.C.S: Y N Date _____
 OTHER: _____
 OTHER: _____

WHEN CAN YOU BE ON DUTY?

Please indicate 1st 2nd & 3rd choices accordingly. Black out unavailable times.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7AM-1PM							
1PM-3PM							
3PM-7PM							
7PM-11PM							
11PM-7AM							

IF YOU ARE NOT SURE WHEN YOU WISH TO SERVE
LEAVE THIS SECTION BLANK AND DISCUSS IT WITH US

Please list the names, addresses and phone numbers of three people who will vouch for your good character. DO NOT list relatives:

	Name	Address	Phone
1.			
2.			
3.			

Write a brief sentence or two about 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 Dept. of Health and the Teaneck Volunteer Ambulance Corps.

SIGNATURE: _____
DATE: _____

OFFICE USE ONLY: Date Rcv'd: _____ Date of Interview _____ Sheet started : YES