

**RINGWOOD AMBULANCE CORPS, INC.  
APPLICATION FOR MEMBERSHIP**

Please Print

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
SEX M F PHONE \_\_\_\_\_  
Driver's License # \_\_\_\_\_ License Expiration Date \_\_\_\_\_  
How long licensed? \_\_\_\_\_ Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_  
(If yes, please give details on a separate sheet)  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

**EMS TRAINING & EXPERIENCE:** Attach copies of all applicable certifications

CPR Certification (Type) \_\_\_\_\_ Expiration Date \_\_\_\_\_  
EMT Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_  
First Aid Training (Type) \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Were you ever been a member of another Ambulance/First Aid Corps? Yes \_\_\_ No \_\_\_  
Squad Name \_\_\_\_\_  
Address \_\_\_\_\_  
Other related experience \_\_\_\_\_

**REFERENCES:** Provide the names of three persons as references. These can not include current members, other applicants, or individuals at the same address as yourself, or family members.

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City, State: _____	City, State: _____	City, State: _____
Relation: _____	Relation: _____	Relation: _____
Phone #: _____	Phone #: _____	Phone #: _____

**DUTY AVAILABILITY:** All members are required to serve a minimum of 55 to 60 hours of duty per month. The hours may be any combination of the following:

Days – three five hour shifts each week or two five hour shifts each week and one twenty-four hour weekend shift every four weeks  
Nights – one nine hour shift each week and one twenty-four hour weekend shift every four weeks  
Split – one nine hour night shift each week and one five hour day shift each week  
Weekends – two and one half twenty-four hour weekend shifts every four weeks

Week Days: 4 AM to 9 AM 9 AM to 2 PM 2 PM to 7 PM  
Nights & Weekends: 7 PM to 4 AM Preferred Night/Day \_\_\_\_\_  
Weekends: Saturday 4 AM to Sunday 4 AM or Sunday 4 AM to Monday 4 AM

(Continue to other side)

I \_\_\_\_\_ certify that the information on this application is complete and accurate to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for dismissal from the Corps. If accepted for membership, I agree and promise to perform my duties and to abide by the Constitution, By-Laws, Rules and Regulations and other official policies and procedures of the Corps. I hereby consent to a reference check and/or other written or oral verification of my statements contained in this application.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### DUTY RESPONSIBILITIES

An Active Member of the Ringwood Ambulance Corps is expected to perform the following:

1. Routinely drive the ambulance under emergency conditions.
2. Lift and move patients, who have suffered illness or injury, to and from the ambulance, hospital or other medical facilities.
3. Respond to emergency calls on regularly scheduled, weekly shifts of from ten to twenty four hours in duration.
4. Assume command of and give direction to other emergency medical and rescue personnel.
5. Perform emergency medical procedures at the scene and in the ambulance enroute to medical facilities under adverse and traumatic conditions.
6. Deal effectively with crisis situations including emotionally disturbed patients, distraught relatives and by-standers.
7. Utilize specialized medical and emergency rescue equipment, tools, drugs and supplies under adverse weather and environmental conditions.
8. Maintain their skills and abilities by participating in ongoing training and certification programs.
9. Work effectively and in coordination with police, fire and other emergency management personnel.
10. When available, respond to second or third rig and all hands calls.
11. Participate in Corps business meetings, training meetings, special events, stand-bys, fund raising and other activities of the Corps.

Initials: \_\_\_\_\_

### COMMENTS:

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### FOR CORPS USE ONLY

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Membership Committee Recommendation: \_\_\_\_\_

Approved for Probationary Membership: Yes No Date: \_\_\_\_\_

Approved for Active Membership: Yes No Date: \_\_\_\_\_

