



P.O. Box 743, Englewood, New Jersey 07631

www.Englewoodvac.com 201-569-7962

*Thank you for your interest in joining the Englewood Volunteer Ambulance Corps.
Below are some of the requirements for membership:*

- ✓ Ride a minimum of one six-hour shift each week.
- ✓ Ride one Sunday shift every rotation series (6:00 AM – 6:00 PM).
- ✓ Become a Certified NJ State Emergency Medical Technician or a First Responder within 12 months of joining.
- ✓ Pass a Police Background Check.
- ✓ Pass a pre-Membership physical exam.



The benefits of membership are highly rewarding

- Personal satisfaction in helping the citizens of Englewood and surrounding towns in their time of need.
- Professional first aid training.
- Expanded life experience.

As an unpaid volunteer member of the Englewood Volunteer Ambulance Corps, you will serve in one of the three major public service agencies in the City of Englewood. Your sincere participation and dedication ensures that quick and effective medical assistance gets to those who need it. Membership in the Englewood Volunteer Ambulance Corps represents an important responsibility and commitment to other people in the community.

Instructions to complete this application:

- ◆ Please print legibly.
- ◆ Please complete all sections of the application.
- ◆ List two references on the application and have the two Letter of Reference forms completed by the same people listed on the application.
*References **cannot** be relatives and you should know them for more than a year!*
- ◆ Your application cannot be processed until BOTH Personal Letter of Reference forms are returned.
- ◆ If you intend to drive one of EVAC's vehicles, you must obtain your driver's license abstract and return it to EVAC.

Thank you for your interest.

The members of the Englewood Volunteer Ambulance Corps



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EVAC USE ONLY

Interview Date _____
Interviewed By _____
Medical Report: _____
Police Report: _____
Elected To Probation _____
Elected to Full Membership _____

Date ___/___/___

Name _____

Address _____

City _____ State _____ Zip _____

How long at current address? _____

Previous Address _____

City _____ State _____ Zip _____

Preferred telephone # _____ (Home/Mobile)

Alternate telephone # _____ (Home/Mobile)

E-Mail Address _____

Date of Birth ___/___/___ Social Security # _____

Driver's License # _____ State _____ Expiration ___/___/___

Current Employer _____ Supervisor _____

Work telephone # _____ How long have you worked there? _____

Why do you want to join the Englewood Volunteer Ambulance Corps, Inc.?

Related Experience and Training:

Have you ever been a member of EVAC? YES / NO If so when? _____

Have you ever been a member of any Commercial or Volunteer Ambulance Corps or Fire Department? YES / NO

If yes, what agency and when? _____

Are you still a member? YES / NO If no, why did you leave?

Are you currently a member of any other Emergency Services (Fire, Rescue, Police, Paramedic)?

YES / NO If yes, what agency? _____

EMS Training

CPR YES / NO Expiration ___/___/___ 1st Responder YES / NO Expiration ___/___/___

EMT YES / NO Expiration ___/___/___ Haz-Mat YES / NO Expiration ___/___/___

ICS-100 YES / NO Date ___/___/___ ICS-200 YES / NO Date ___/___/___

ICS-700 YES / NO Date ___/___/___ Other YES / NO Date ___/___/___

Please list and explain any other medical or non-medical training or experiences you feel may be an asset to EVAC. _____

Medical History

Do you have any physical limitations or medical issues (such as cardiac condition, hearing impairment, back problems, etc.) that could prevent you from performing the duties required by EVAC? YES / NO

Do you have any allergies? YES / NO If yes to either of the above questions, please list:

Personal References

EVAC requires two personal references. Each reference must complete and return one of the attached Personal Letter of Reference Forms and return it to EVAC.

Please list the two people you will give the forms to:

Name: _____

Address: _____

Phone number: _____

Name: _____

Address: _____

Phone number: _____

ALL REFERENCE FORMS MUST BE RETURNED PRIOR TO ACCEPTANCE!

Criminal and Driving History

Have you ever been convicted of any crime in New Jersey or elsewhere? YES / NO

If yes, please explain: _____

If you intend to eventually drive any one of EVAC's emergency vehicles, you must provide the following information:

Do you have any active points against your license? YES / NO

Has your license ever been suspended? YES / NO

If yes to either, please explain: _____

Please list any moving violations that you have had in the past 18 months:

Please list any accidents that you have had in the past 3 years:

I hereby authorize inquiry by EVAC of all statements contained in this application and release those individuals from any and all liability and damage resulting from or arising out of such investigations. I understand that any misrepresentation or omission of facts in this application is cause for immediate dismissal from the Corps.

I consent to taking a pre-Membership physical exam and such future exams as may be required by the Corps. I agree to comply with EVAC's Constitution and By-Laws and all Policies and Procedures governing EVAC, and further agree to return any and all equipment and/or clothing loaned to me by the Corps upon relinquishing my membership in EVAC.

I HEREBY DECLARE THAT ALL OF THE ABOVE STATEMENTS ARE TRUE.

Applicant's signature _____

Date ___/___/___

Parent's signature (if applicant is under 18) _____

Date ___/___/___

Date of Birth _____



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POLICE BACKGROUND CHECK RELEASE

The undersigned applicant to the Englewood Volunteer Ambulance Corps, Inc. hereby authorizes The Englewood Police Department to check his/her identity against the REIN system and elsewhere to determine if there are any convictions or any other records with law enforcement agencies in this or any other State or the Federal Government, not including minor traffic violations, and deliver this information to the Corps to determine membership suitability.

The undersigned also releases the Englewood Police Department and the Englewood Volunteer Ambulance Corps, Inc. from any and all responsibility in regard to this authorization.

Signature: _____ Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Date of Birth: _____

Social Security #: _____

Drivers License #: _____

State: _____ Expiration Date: _____

Number of points: _____

Parent/Guardian release (if applicant is under 18 years of age):

Signature: _____ Date: _____

Relationship: _____

EPD - Has this applicant lied on any portion of this application? YES / NO

If yes, please explain _____ Signature _____



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Physical Examination Authorization for Membership Application

Name: _____

I have examined the above named person and find him/her to be in good health and physically fit to participate in all activities of the Englewood Volunteer Ambulance Corps, Inc.

Physician signature: _____

Date: _____

Physical examinations will be performed by the Corps Physician at his office at no cost to the prospective member. If you wish to use your own physician, you do so at your own expense.

Corps Physician:
Dr. Harvey Gross
370 Grand Ave.
Englewood, NJ 07631
201-567-3370

INFORMED CONSENT FOR HEPATITIS B VACCINE

The Disease:

Hepatitis B is a viral infection caused by hepatitis B virus (HBV), which mainly affects the liver. The virus most often is spread through blood and blood products but may also spread through tears, saliva, urine, breast milk, semen and vaginal secretions. The serious complications of this disease include necrosis of the liver, cirrhosis of the liver, chronic active hepatitis and cancer of the liver. There is no specific treatment for this disease. Most people with hepatitis B recover completely but one to two percent (1-2%) result in death and five to ten percent (5-10%) become chronic carriers of the virus. Chronic carriers often have no symptoms but can continue to transmit the disease to others.

Immunization against Hepatitis B can prevent acute hepatitis and can also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

The Vaccine:

Engerix-B [Hepatitis B Vaccine (Recombinant)] is a noninfectious recombinant DNA hepatitis B vaccine developed and manufactured by SmithKline Biologicals and distributed by SmithKline & French. It contains purified surface antigen of the virus obtained by culturing genetically engineered *Saccharomyces cerevisiae* cells, which carry the surface antigen gene of the hepatitis B virus. The surface antigen expressed in *Saccharomyces cerevisiae* cells is purified by several physicochemical steps and formulated as a suspension of the antigen adsorbed on aluminum hydroxide. The procedures used to manufacture "Engerix-B" result in a product that contains no more than 5% yeast protein. Each 1 mL adult dose of vaccine consists of 20 mcg. of Hepatitis B surface antigen adsorbed on 0.5 mg. aluminum as aluminum hydroxide. The vaccine contains 1:20,000 Thimerosal (mercury derivative) as a preservative. The duration of immunity is unknown at this time.

Dosing Schedules:

The usual immunization regimen consists of 3 doses of vaccine given according to the following schedule:

- 1st dose: at elected date
- 2nd dose: 1 month later
- 3rd dose: 6 months after first dose

Contraindications:

Hypersensitivity to yeast or any other component of the vaccine (aluminum, hydroxide, Thimerosal-mercury derivative, sodium chloride and Phosphate buffers) is a contraindication for use of the vaccine.

Precautions:

1. Any serious active infection is reason for delaying vaccination.
2. Pregnancy - it is not known whether the vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity.
3. Nursing mothers - it is not known whether the vaccine is excreted in human milk.

Warnings:

Patients experiencing hypersensitivity after an "Engerix-B" [Hepatitis B Vaccine (Recombinant)] injection should not receive further injections of "Engerix-B" (See Contraindications).

Hepatitis B has a long incubation period. Hepatitis B vaccination may not prevent hepatitis B infection in individuals who have an unrecognized hepatitis B infection at the time of vaccine administration. Additionally, a small percentage of healthy people do not respond to the vaccine and do not develop immunity to the HBV.

Possible Side Effects:

Most Common: Local reaction at injection site; pain, tenderness & warmth, erythema & swelling.

Less Common: Fever, fatigue, headache, dizziness, flushing, tingling, hypotension, influenza, influenza-like symptoms; upper respiratory tract illnesses, nausea, anorexia, abdominal pain/cramps; vomiting; constipation; diarrhea; Lymphadenopathy; pain/stiffness in arm, shoulder or neck & back; pain & arthritis.

Potential Adverse Effects:

Nervous System: Insomnia, irritability, agitation, migraine, syncope, Guillain-Barre syndrome & Bell's palsy, transverse myelitis & optic neuritis.

Hematologic: Thrombocytopenia.

Cardiovascular System: Tachycardia / palpitations.

Respiratory System: Bronchospasm including asthma-like symptoms.

Skin and Appendages: Eczema; purpura; Herpes Zoster.

Special Senses: Vertigo; conjunctivitis; visual disturbances.

If you have any questions about Hepatitis B or the Hepatitis B Vaccine, please contact Dr. Harvey Gross.

CONSENT FORM

"To my knowledge I am not allergic to yeast or any other component of the vaccine." "I do not have an active infection."

For Women:

"I am not a nursing mother."

"I understand that I should not receive this vaccine if I have any reason to believe that I might be pregnant now and I acknowledge that I do not believe that I am or might be now pregnant."

"I have read the statements about hepatitis B and the hepatitis B vaccine, have had an opportunity to ask questions, discuss the vaccine, its potential side effects and complications. I understand the risks and benefits of the vaccine and further understand that I must have three (3) doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that it be given to me or to the person named below of whom I am the parent or guardian."

"By signing this form and hereby consenting to Hepatitis B immunization, I certify that I have no religious, medical or other objection to having the hepatitis vaccine administered to me. I also release the Englewood Volunteer Ambulance Corps, Inc. from any liability arising therefrom."

Name of Person To Receive Vaccine
(Print or Type)

Date

Signature of Person Receiving Vaccine
or Parent or Guardian

Date

	<u>Date Vaccinated</u>	<u>Lot Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

ENGLEWOOD VOLUNTEER AMBULANCE CORPS

VACCINATION DECLINATION FORM

NAME: _____

Complete either Section A or Section B:

Section A:

I understand that due to my occupational exposure (as a member of the Englewood Volunteer Ambulance Corps, Inc.) to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ Member's Signature	_____ Date
_____ Signature of Parent or Guardian	_____ Date
_____ Signature of EVAC Representative	_____ Date

Section B:

I understand that due to my occupational exposure (as a member of the Englewood Volunteer Ambulance Corps, Inc.) to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. The reason for my declination is that I have already received the Hepatitis B vaccine prior to my becoming a member of the Englewood Volunteer Ambulance Corps, Inc. I am indicating below the dates and lot numbers of my previous Hepatitis B vaccination series.

_____ Member's Signature	_____ Date
_____ Signature of Parent or Guardian	_____ Date

<u>Date Vaccinated</u>	<u>Lot Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

Physician administering vaccine: _____
Signature Date



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Personal Letter of Reference

Dear Sir or Madam:

The person you are providing this reference for is in the process of applying for membership in the Englewood Volunteer Ambulance Corps, Inc. The applicant has chosen you as a person qualified to render a fair opinion of their suitability for membership.

Please complete and sign this form as soon as possible. The applicant will not be considered for membership until we receive your letter of reference. Please mail this form to the address noted on the bottom. This information will be held in the strictest confidence.

This letter of reference is for (name of applicant): _____

In what capacity do you know this person?

- Personal Friend
- Acquaintance
- Colleague at work
- Relative
- I am not really qualified to comment on this person

How long have you known this person? _____years

Do you understand that the person named above is applying for membership to EVAC and the nature of the business that EVAC is in? YES / NO

Do you recommend this person for membership into EVAC?

- Highly Recommend
- Recommend
- Do NOT Recommend
- No Comment

Please explain why you recommend or do not recommend this person for EVAC membership:

****Additional comments may be made on the back of this sheet****

Your Name: _____

Address: _____

Phone Number: _____

The best time to call if further information is needed: _____

(Signature) _____

(Date) _____

Please mail completed form to: Englewood Volunteer Ambulance Corps, Inc.
P. O. Box 743, Englewood, New Jersey 07631-0743

If you have any questions, please contact us at 201-569-7962. Thank you.



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