

APPLICANT NAME: \_\_\_\_\_

# SUPPORT MEMBERSHIP APPLICATION



EATONTOWN VOLUNTEER AMBULANCE CORP, Inc.  
Est. 1929

47 Broad St. Eatontown, NJ 07724  
Office: (732) 389-7674  
info@eatontownems.com  
www.eatontownems.com

*Updated: 3/2021*

## **ABOUT US**

The Eatontown Volunteer Ambulance Corp., Inc., also known as Eatontown EMS, has been serving the community since 1929. It is a non-profit, volunteer organization that depends on support from the citizens and governing body of the Borough of Eatontown. The department's operations are under the command of the Chief of Department, assisted by the EMS Officers.

Eatontown EMS currently operates 2 basic life support (BLS) ambulances and covers about 5 square miles and about 1,800 calls for service per year. We provide mutual aid assistance for surrounding towns such as Shrewsbury, Oceanport, West Long Branch, and Tinton Falls.

## **VISION STATEMENT**

The Vision of Eatontown EMS is to provide emergency services to the community in the areas of emergency medical services, mass casualty response, and other incident response, provide non-emergency services to the community in the areas of public safety, public education, and public health outreach, and to provide an environment of inclusion to all people in the department and out in the community.

## **MISSION STATEMENT**

Eatontown EMS serves the public as a team of dedicated volunteer professionals by providing quality emergency medical care, education, and community service.

## **MEMBERSHIP EXPECTATIONS**

Support Members provide administrative support and specialized skills to the department. These members assist with training programs, human resources, logistics, and public affairs. This allows our Regular Members to respond to 9-1-1 emergencies, knowing that they are supported administratively. Support Members may also serve on small teams that promote community health, injury prevention, and fundraising. This is unlike any other volunteer organization; we expect our members to go above and beyond the minimum requirements. We have a zero fail mission, and if we do not provide the best level of emergency medical care, it could cost someone his or her life. We provide free training and advancement opportunities. Those who volunteer with us answer a true calling for public service, and sacrifice so much time and energy serving our community.

## **MINIMUM REQUIREMENTS:**

- Assist with administrative duties and/or department projects, at the direction of the Chief of Department, at least four (4) hours per month.

**EATONTOWN EMS  
APPLICATION INSTRUCTIONS**

1. Complete the application packet to the best of your ability.
2. Please go to Borough Hall (next to firehouse) to the Borough Clerk to notarize the application. You may also go to any other public notary.
  - **Do NOT sign the Notary Public Form until you are in front of the notary.**
3. After the application is completed, contact the Recruitment/Applicant Coordinator or an EMS Officer. You will be scheduled for fingerprinting with the Eatontown Police Department and a criminal background check will be conducted.
4. Finally, an interview will be scheduled. After the interview, and successful completion of the application process, the applicant will be considered for membership at the next earliest business meeting (Second Tuesday of every month).

**EATONTOWN EMS  
APPLICANT INFORMATION**

**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_  
(If you're a high school or college student, please write name of school)

Please list 3-5 skills or qualifications: \_\_\_\_\_

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**EATONTOWN EMS  
NOTARY PUBLIC FORM**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to membership, I understand that false or misleading information in my application or interview may result in my membership being terminated.

By signing below, I hereby authorize the Eatontown Volunteer Ambulance Corp., Inc., also known as Eatontown EMS, and its officers or delegates to conduct any background investigations necessary to verify the above information. I understand that if the results of their investigation are not within the policies of the department, that I may be terminated immediately.

I understand that my character will be verified by the references I have listed on this application. This packet will become a permanent record of the Eatontown Volunteer Ambulance Corp., Inc., also known as Eatontown EMS, and will be kept confidential. Upon acceptance I will agree to follow all rules and regulations of the Eatontown Volunteer Ambulance Corp., Inc., also known as Eatontown EMS, I understand that I will care for any and all equipment belonging to the squad which is given to me for my use as a member of the Eatontown Volunteer Ambulance Corp., Inc., also known as Eatontown EMS, and return it upon an EMS Officer's request.

Signature of Applicant: \_\_\_\_\_  
*(Legal Guardian must sign if applicant is under 18 years of age)*

**NOTARY PUBLIC**

State of New Jersey, County of \_\_\_\_\_ Being Duly Sworn, does  
depose and say that the above statements are true to the best of my knowledge and belief.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

**EATONTOWN EMS  
APPROVAL FOR MEMBERSHIP**

We hereby certify that this applicant was elected to membership in the Eatontown Volunteer Ambulance Corp., Inc. and has been approved by the governing body of the Eatontown Volunteer Ambulance Corp., Inc. on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of Secretary: \_\_\_\_\_

Signature of President: \_\_\_\_\_

**ATTACH COPY OF APPLICANT INTERVIEW FORM**