

WESTFIELD VOLUNTEER RESCUE SQUAD, INC.

Emergency Medical Service

335 WATTERSON STREET • P.O. BOX 356

WESTFIELD, NEW JERSEY 07091-0356

phone: 1.908.233.2500

email: wvrs@WestfieldRescueSquad.org

web: westfieldrescuesquad.org

DISPATCHER MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

PHONE (HOME) _____ (BUSINESS) _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ SOC. SEC.# _____

Have you ever been, or are you a member of any other EMERGENCY MEDICAL SERVICE, paid or volunteer? Yes _____ No _____

Name of organization: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT OF INTENT

I hereby apply as a dispatcher for the Westfield Volunteer Rescue Squad, Inc. If accepted, I agree to volunteer my services without remuneration, to be diligent, prompt and regular in the performance of my assigned duties and to follow all regulations.

I will not partake of or consume any alcoholic beverages for eight hours prior to or while on duty.

I understand that my membership may be rejected if I have intentionally made a false statement of fact or practices, or attempted to practice any deception or fraud in this application.

I understand that I am required to sign up for a 2 hour duty period on weekends once a month.

No children are allowed at the squad during my scheduled duty period.

All calls are confidential, whether they are of a personal or emergency nature.

Regular duty periods are 2 hours Monday thru Friday 9 A.M. thru 5 P.M.

I understand I can be dismissed from membership if I fail to adhere to the Rules & Regulations of the organization.

Signed: _____ Date: _____

Parent or Guardian (if under 18) _____

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PLEASE CHECK ALL DUTY PERIODS FOR WHICH YOU WOULD BE AVAILABLE

WEEKDAYS

MONDAY _____ 9 AM – 11 AM

TUESDAY _____ 11 AM – 1 PM

WEDNESDAY _____ AT _____ 1 PM – 3 PM

THURSDAY _____ 3 PM – 5 PM

WEEKENDS

_____ FRIDAY 6 PM – MIDNIGHT

_____ SATURDAY MIDNIGHT – 8 AM

_____ SATURDAY 8 AM – 6 PM

_____ SATURDAY 6 PM – MIDNIGHT

_____ SUNDAY MIDNIGHT – 8 AM