

New Jersey EMS Task Force

Membership Application Packet



Applicant Name

Office Use Only
Application Received / Reviewed:
Physical Completed:
Orientation Completed:

**NJ EMS Task Force
Member Application**

Basic Requirements for Team Membership:

- Must be at least 18 years of age.
- Must be a citizen of the United States.
- Must maintain a current and unrestricted license, certification, or registration where required by the position.
- Must be available to report to a pre-designated Assembly Point within three (3) hours for an initial assignment of up to 72-hours.
- Must be individually self-sufficient for at least 24-hours, (food and water).
- Must maintain current inoculations for diphtheria/tetanus (or tetanus only if there is a contra-indication to diphtheria), Hepatitis B, measles/mumps/rubella (if born after 1957), and polio.
- Must be physically fit to handle the rigors of disaster environments.
- Must have prior approval from employer to participate on the EMSTF and attend scheduled training.
- Agree to attend at least 50% of team business/training meetings and exercises.
- Must meet all individual Team qualifications for the appropriate position.
- Must adhere to the EMSTF Code of Conduct.

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Part 1: Demographics

First Name:	
Middle Initial:	
Last Name:	

Address:	
City/Town:	
State:	
Zip:	
Phone Number:	
Email:	
Date of Birth:	

Drivers License	
Drivers License #	
State:	
DL Expiration:	
_____	As a NJEMSTF applicant/member, I agree and understand that I must possess a valid driver's license with driving privileges in New Jersey to operate EMSTF vehicles.
Initials	

Sponsoring Agency	
Agency Name:	
Agency Address:	
Agency Phone:	
Agency Contact:	

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Emergency Contact 1	
Name:	
Relationship:	
Address	
Phone Number:	
Emergency Contact 2	
Name:	
Relationship:	
Address	
Phone Number:	

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Part 2: Membership

Please select one of the following two options below:

<input type="checkbox"/> I am interested in joining the NJ EMS Task Force as a General New Member and will select a module once I have finished my orientation. I am possibly interested in the options I have selected below.			
<input type="checkbox"/> Safety	<input type="checkbox"/> Medical Operations	<input type="checkbox"/> Haz-Tac	<input type="checkbox"/> Helibase
<input type="checkbox"/> IMT	<input type="checkbox"/> Staging	<input type="checkbox"/> Communications	<input type="checkbox"/> Logistics
<input type="checkbox"/> Planning	<input type="checkbox"/> Admin/Finance		

Or

<input type="checkbox"/> I am interested in joining the NJ EMS Task Force and I would like to be assigned to the following module as my primary module. I have spoken to the module manager or a member of that module and understand what it entails.			
<input type="checkbox"/> Safety	<input type="checkbox"/> Medical Operations	<input type="checkbox"/> Haz-Tac	<input type="checkbox"/> Helibase
<input type="checkbox"/> IMT	<input type="checkbox"/> Staging	<input type="checkbox"/> Communications	<input type="checkbox"/> Logistics
<input type="checkbox"/> Planning	<input type="checkbox"/> Admin/Finance		

Deployment Requirements:

As an applicant/member of the NJEMSTF, you must be able to wear and successfully pass a N-95 and an APR fit-test. Do you have any limitation to this? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain below:
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<u> </u> Initials	As a NJEMSTF applicant/member, I agree and understand that I may be deployed for a time frame up to seventy-two (72) hours.
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<u> </u> Initials	As a NJEMSTF applicant/member, I attest that have never been convicted of a felony crime and understand that conviction of such offense would preclude me from membership on the team.
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<u> </u> Initials	As a NJEMSTF applicant/member, I agree and understand that I must have a physician verify that I can complete the critical tasks and fitness standards.
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<u> </u> Initials	As a NJEMSTF applicant/member, I agree and understand that without my employer's approval, I cannot be part of the task force.
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Part 3: Education and Training: *Please provide copies of all certifications and courses:*

Medical Certification / Licence:

Medical Certification / Licence Level:				
<input type="checkbox"/> EMT-B	<input type="checkbox"/> MIC-P	<input type="checkbox"/> MIC-N	<input type="checkbox"/> RN	<input type="checkbox"/> Physician
NJ OEMS ID (6 Digit Number):			Expiration Date:	
CPR Current: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Trauma Education: <input type="checkbox"/> ITLS <input type="checkbox"/> PHTLS <input type="checkbox"/> TECC/TCCC <input type="checkbox"/> Tactical EMS				
Medical Education: <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> PEPP <input type="checkbox"/> AMLS <input type="checkbox"/> AWLS				
Disaster Response: <input type="checkbox"/> CDLS <input type="checkbox"/> BDLS <input type="checkbox"/> ADLS <input type="checkbox"/> Disaster Medical Specialist				

Other Certifications and Credentials:

Fire Service / Hazardous Materials / CBRNE:	
NJ Fire Fighter: <input type="checkbox"/> Yes <input type="checkbox"/> No	DFS Number:
Hazmat: <input type="checkbox"/> Awareness <input type="checkbox"/> Operations <input type="checkbox"/> Technician <input type="checkbox"/> Specialty:	
CBRNE: <input type="checkbox"/> Awareness <input type="checkbox"/> Operations <input type="checkbox"/> Technician	
Law Enforcement:	
Emergency Management: <i>NJSP, FEMA, OEM</i>	
NJSP OEM Basic Workshop <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exercise Design or Evaluation Experience: <input type="checkbox"/> TTX <input type="checkbox"/> Functional <input type="checkbox"/> FSE	
HSEEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Emergency Management Training:	
Telecommunications: <input type="checkbox"/> Basic Telecommunication <input type="checkbox"/> EMD	

Incident Command System / NIMS:
<input type="checkbox"/> 100/200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 449 Instructor
List Any ICS Position Specific Courses:
NWCG/FEMA ICS Credentialed Positions Held:
NIMS <input type="checkbox"/> 700 <input type="checkbox"/> 800
Other ICS Related Education:
Large Scale Incident Response: <input type="checkbox"/> Awareness <input type="checkbox"/> Operations

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Instructorships:

Base Instructor Credentials:

NJ EMT-Inst. Fire Instructor MOI G-265 Educational Methodology Certified Teacher

NAEMT Other

Instructor Certifications: *Please list below*

Military Experience:

Other: *Please list any other certifications or training you feel is relevant*

Resume Attached

Signature: _____

Date: _____

I certify that all information in my application, including attachments factually true, and honestly presented.

**NJ EMS Task Force
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Personnel Authorization Form

Applicant Name: _____

Employer: _____

Address: _____

Telephone: _____

The individual named above is requesting to be a member of the New Jersey EMS Task Force (NJ EMSTF), a statewide EMS response team assigned to the New Jersey Department of Health and Senior Services (NJDOH) and the New Jersey Office of Emergency Management.

To be a participant on this team, all members are required to attend training sessions and be available for emergency deployment to man-made and/or natural disasters.

I approve of the emergency activation of:

_____ with full understanding of the following:
(Print name of applicant)

- Immunities and benefits of team members and compensation for injuries in the line of duty are governed by state law.
- Salary, compensation and other benefits during activation are at the discretion of the employer and should be fully disclosed to the employee.
- Team members may be activated for emergency response for periods up to seven-two (72) hours.

I agree to release the individual named above, when called upon, for emergency response when activated by the New Jersey Office of Emergency Management or Department of Health.

Print Name of Supervisor/Department Head: _____

Signature of Supervisor/Department Head: _____

Date _____