

New Jersey EMS Task Force

Membership Application Packet



Applicant Name

Email completed applications to: applications@njemstf.org

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

**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 contraindication 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.
- Must have a minimum of three (3) years of EMS experience.

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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:	
<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin-right: 5px;"></div> Initials </div>	<p>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. https://www.state.nj.us/mvc/license/driverhist.htm</p>

Sponsoring Agency	
Agency Name:	
Agency Address:	
Agency Phone:	
Agency Contact:	
Agency Contact Email:	
Proposed member status with host agency:	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid staff

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

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"/> Admin/Finance <input type="checkbox"/> Staging <input type="checkbox"/> Communications <input type="checkbox"/> Logistics <input type="checkbox"/> Planning

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"/> DRCC <input type="checkbox"/> Staging <input type="checkbox"/> Communications <input type="checkbox"/> Logistics <input type="checkbox"/> Planning <input type="checkbox"/> Admin/Finance

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Deployment Requirements:

As an applicant/member of the NJEMSTF, you must be able to wear and successfully pass an N-95 and an APR fit-test. Do you have any limitation to this? () No () Yes If yes, please explain below:

_____ As a NJEMSTF applicant/member, I agree and understand that I may be deployed for a time
Initials frame up to seventy-two (72) hours.

_____ As a NJEMSTF applicant/member, I agree and understand that I may be asked to deploy for
Initials periods in excess of seventy-two (72) hours, with the case by case consent of my employer.

_____ As a NJEMSTF applicant/member, I attest that have never been convicted of a felony crime
Initials and understand that conviction of such offense would preclude me from membership on the team.

_____ As a NJEMSTF applicant/member, I agree and understand that I must have a physician verify
Initials that I can complete the critical tasks and fitness standards.

_____ As a NJEMSTF applicant/member, I agree and understand that without my employer's
Initials approval, I cannot be part of the task force.

Part 3: Education and Training: *Please provide copies of all certifications and courses:*

Medical Certification / License:

Medical Certification / License Level:

() EMT-B () MIC-P NJ () MIC-N () RN () Physician

OEMS ID (6 Digit Number):

Expiration Date:

CPR Current: () Yes () No

Trauma Education: () ITLS () PHTLS () TECC/TCCC () Tactical EMS

Medical Education: () ACLS () PALS () PEPP () AMLS () AWLS

Disaster Response: () CDLS () BDLS () ADLS () Disaster Medical Specialist

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Other Certifications and Credentials:

Fire Service / Hazardous Materials / CBRNE:

NJ Fire Fighter: Yes No

DFS Number:

Hazmat: Awareness Operations Technician Specialty:

CBRNE: Awareness Operations Technician

Law Enforcement:

Emergency Management: NJSP, FEMA, OEM

NJSP OEM Basic Workshop Yes No

Exercise Design or Evaluation Experience:

HSEEP:

Other Emergency Management Training:

Telecommunications: Basic Telecommunication EMD

Incident Command System / NIMS:

100/200 300 400 449 Instructor

List Any ICS Position Specific Courses:

NWCG/FEMA ICS Credentialed Positions Held:

NIMS: 700 800

Other ICS Related Education:

Large Scale Incident Response: Awareness Operations

Instructorships:

Base Instructor Credentials:

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

Certified Teacher NAEMT Other

Instructor Certifications: *Please list below*

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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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Host Agency Personnel Authorization Form

Applicant Name: _____

Applicant Status with Agency (Paid / Volunteer): _____

Employer: _____

Employer Address: _____

Employer Telephone: _____

Employer Email: _____

The individual named above is requesting to be a member of the New Jersey EMS Task Force (NJ EMSTF), a statewide EMS response team.

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, workers compensation insurance and other benefits during activation are the responsibility 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.

Print Name of Authorized Agency Representative: _____

Signature of Authorized Agency Representative: _____

Date _____