

**NJ EMS Task Force  
Member Application**

**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** \_\_\_\_\_