

MILLTOWN RESCUE SQUAD, INC.

SOUTH MAIN STREET

P.O. BOX 308

MILLTOWN, NJ 08850



Dear Prospective Member,

Thank you for your interest in membership in the Milltown Rescue Squad! This packet is to inform you about the responsibilities of membership, as well as the process to become a member. When considering membership, it is important for you to consider both the operational and administrative aspects of our organization. While our emergency operations are the lifeblood of what we do there are significant behind the scenes responsibilities that make our squad successful. If you have any questions about the application process or about membership in general, please contact us so that we may address those concerns promptly. We look forward to you joining us!

ABOUT THE ORGANIZATION

The Milltown Rescue Squad is a NJ Department of Health Licensed Emergency Medical Service organization that serves the Borough of Milltown, and the New Jersey Turnpike from Milepost 76 to 84. We also provide mutual aid services to our surrounding towns in the event they need additional EMS or Rescue resources at any given time.

The Squad operates 24/7 and responds to roughly 900 calls per year. These calls range from Medical Emergencies to Motor Vehicle Accidents to Standbys at community events such as the Middlesex County Fair in August.

The Squad is comprised entirely of volunteer members. Our members are New Jersey State Certified Emergency Medical Technicians (EMT). Many of our members are also cross trained and certified in extrication, and unlike many other squads, we have the ability to rescue patients who are entrapped in their cars after a serious crash.

We operate three (3) BLS Ambulances, a Heavy Rescue Truck, a Special Services Truck, Bobcat Ambulance, Rehab Trailer and Boat. Our membership boasts over 50 active members who range in age and occupations.

MEMBERSHIP COMMITMENT EXPECTATIONS

Squad members are divided into six duty nights, that rotates weekly. Each crew runs from 9:00 pm – 6:00 am on its assigned duty night. Members who live within the Borough of Milltown may respond from home but all others are required to stay at the Squad building during their duty shift. In addition, members are expected to ride 8 hours outside of their duty shift between the hours of 6:00 am – 9:00 pm.

Once you become an EMT, you may choose to ride during the daytime hours in lieu of a night crew. These responsibilities require you to ride 48 hours between the hours of 6:00 am – 6:00 pm over the course of a month. This is accomplished by riding twelve 4-hour blocks.

In the event you are not available for your duty shift, it is your responsibility to obtain coverage from another member of the same (or higher) certification. If you cannot find a cover, you must notify your crew chief in advance of your duty night. A no call/no show for a duty night is highly disruptive to the Squad, and may result in Squad discipline, up to and including the revocation of membership.

In addition, we hold meeting and training on Wednesday nights. You must attend at least one meeting and one training a month unless otherwise excused for an approved reason. These meetings and trainings are held at 7pm each Wednesday.

Finally, you will be required to participate in our yearly Fund Drive Campaign during the month of May. This requires participation of at least 40% of all time spend fundraising. This translates into about 10 hours of commitment during May. This will be explained more during your interview.

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PROBATIONARY STATUS

New members will be brought on for a six-month probation. Probationary members are on the path to become full, active members, and are required to run their crew's assigned duty and attend meetings and trainings. You will also be required to learn the layout of the Ambulances and the basic operations of equipment. Once you show basic competency in these fields, you will be permitted to ride on calls. This training is conducted at your own pace, allowing you to learn under comfort and not pressure. After completing a six-month probationary period, probationary members are eligible to become be sponsored for EMT training.

If the squad chooses to sponsor you, you will be required to be an active member for at least two (2) years or be required to pay back to cost of training. You are free to attend an EMT course on your own expense at any time. You must become an EMT by the end of your second year of membership or face revocation of membership.

APPLICATION PROCESS

After completing the Membership Application, return them to the Rescue Squad. Please mail to the following:

MILLTOWN RESCUE SQUAD
ATTN: INVESTIGATING COMMITTEE
PO BOX 308
MILLTOWN, NJ 08850

You can also email them to recruitment@milltownrescuesquad.org or simply drop them off at our Squad Building.

Once your application is received, you will be contacted to schedule an interview with our Investigating Committee. We will then confirm your references and send out forms for them to complete and return. References may not be family members but may be friends, co-workers, teacher or employers.

After you have passed the interview, you will be scheduled to take a CPR and First Aid course. This is provided at no cost if you still choose to join. Each class is 4 hours long and is taken over the course of two evenings.

During this time, you will also take the Physician's Authorization Form to your primary care provider for evaluation and completion. This is done at your own expense. If you do not have a primary care provider, you can obtain a work physical at an Urgent Care Center. Please contact the one you would like to use for more information.

After all the above is completed, you will be brought on a six-month probation and contacted to schedule orientation. New members are brought on during the first weeks of January, April, July and October. Please keep this in mind when turning in your application. This process can take upwards of a month.

If you have any questions during the application process, do not be afraid to reach out. We will be happy to answer any questions or concerns you may have.

Thank you again for your interest in the Milltown Rescue Squad! We look forward to receiving your application and speaking with you.

Sincerely yours,

The Investigating Committee of the Milltown Rescue Squad

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APPLICATION FOR MEMBERSHIP

I hereby apply for membership to the Milltown Rescue Squad. I give my permission to be investigated for membership. I am aware that a background check will be done through the Milltown Police Department, and I will meet with the membership committee for the purpose of reviewing my application and delineating the duties of the organization. It is my understanding that acceptance is based on a 6-month probation. At the end of that period the executive committee may extend my probation for up to six months, accept me as a member, or dismiss me. During my probation period, I agree to abide by the by-laws, rules and procedures of the Milltown Rescue Squad. I also understand that it is my responsibility to keep all my certifications current, and to submit a physician's note stating that my physical and mental health are adequate for the enactment of rescue squad duties.

Name _____ SS# _____

Address _____

Age _____ DOB _____ Email _____

Cell Phone _____ Home _____ DL _____

Are you a member of any local organizations, EMS, or Fire Department? YES NO

If yes, please list the names and addresses of the organization and a person we may contact.

Do you have any Emergency Service training? YES NO

First Aid _____ ID # _____ EXP _____

CPR _____ ID # _____ EXP _____

EMT _____ ID # _____ EXP _____

Other _____ ID # _____ EXP _____

****PHOTOCOPIES OF VALID CARDS SHOULD BE SUBMITTED WITH APPLICATION****

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Name and Complete mailing address of three References to be contacted. Do not use family members as references.

1. _____
2. _____
3. _____

Name and Address of Current Employer

Work Schedule	DAYS	EVENINGS	NIGHTS	ROTATING		
S _____	M _____	T _____	W _____	T _____	F _____	S _____

Have you ever been convicted of a crime? YES NO

If Yes, Explain _____

I do hereby swear that the above information is true and correct, and I do understand that any falsification of this application is cause for my immediate dismissal from the Rescue Squad.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY THE INVESTIGATING COMMITTEE

3 reference letters sent on: _____ Letter 1 Returned: _____ Letter 2 Returned: _____

Copies of First Aid, CPR, EMT, DL: YES NO Physician's Note: YES NO

Date of Interview: _____ Interview given by: _____

Comments _____

Background Check approved by Police: YES NO Date Accepted For Membership: _____

Application Withdrawn by Applicant: _____ Date Rejected for Membership: _____

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