

**Hatzalah of Union County**  
**32 Summit Rd**  
**Elizabeth, NJ 07208**

**Dispatch Membership Application**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: 

M	D	Y

Marital Status: 

Married	Divorced	Widowed

If married, how long? \_\_\_\_\_ Months  
\_\_\_\_\_ Years

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

Live in: Elmora Section:  North Avenue Section:

E-mail Address at Home: \_\_\_\_\_  
E-mail Address at Work: \_\_\_\_\_

Which Shul do you regularly attend on Shabbos? \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Emergency Contact Information:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**When are you available to dispatch? (Use all relevant fields)**

Mornings	Between the hours of	_____	and	_____	On (insert day(s))	_____
Afternoons	Between the hours of	_____	and	_____	On (insert day(s))	_____
Evenings	Between the hours of	_____	and	_____	On (insert day(s))	_____
Nights	Between the hours of	_____	and	_____	On (insert day(s))	_____

Have you ever been certified as an EMT in New Jersey? Yes:  No:   
Have you ever been certified as an EMT in another State? Yes:  No:

If yes, in which state? \_\_\_\_\_ EMT number: \_\_\_\_\_

Have you ever been a member of Hatzalah in the past?

NO:

YES:

If Yes, what was your ID Number? \_\_\_\_\_

Have you ever been a volunteer for or been a paid employee of any EMS or Fire Dept?

NO:

YES:

If yes, with which organization:  
\_\_\_\_\_

Are you still a member?

NO:

YES:

If not, did you leave in good standing?

NO:

YES:

Please list the person to whom you reported:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you ever been convicted of a felony crime?

NO:

YES:

If yes, explain:  
\_\_\_\_\_

Are you a US Citizen?

NO:

YES:

**By signing below, the applicant agrees that all the information listed is true and complete. While the information provided by applicant is subject to verification, no information contained on this document will be shared with any person outside Hatzalah of Union County or with any other organization without the express written consent of the applicant. Signing this application does not guarantee that the applicant will be accepted into the organization. It is understood that there is no obligation on either party and that applicant may withdraw this application and/or Hatzalah of Union County may elect not to accept this application without any obligation or explanation. This application is for review purposes only.**

\_\_\_\_\_  
Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_