



Stockton University
101 Vera King Farris Drive
Galloway, New Jersey 08205-9441

Emergency Medical Services

New Member Onboarding Packet (Rev. 6/2020)

Instructions:

- Step 1 – Complete this packet in its entirety using blue or black pen.
- Step 2 – Attach photocopies of all certifications relevant to the organization to this application.
- Step 3 – Attach a photo copy of your driver's license (if applicable).
- Step 4 – Return this application to Associate Director Scardino at the Stockton Police Department

General Information:

Date: _____ Z# _____

Last Name _____ First Name _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Housing # _____ Apt/Residence Hall # _____ Stockton PO Box# _____

Home Telephone _____ Cell Phone _____

Stockton Email Address _____

Emergency Contact: Phone: _____ Relationship _____

Personal & Background Information:

Date of Birth: Month _____ Day _____ Year _____

Driver's License # _____ State _____ Expiration _____

Class Status: ____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate

Major _____

Concentration _____

Polo Shirt Size _____ T-Shirt Size _____ Pants Size _____

Qualifications & Training Information (Please attach legible photo copies)

Medical Certification Levels (check all that apply)

____ EMT, if you answered yes: EMS# _____ State _____ Expiration _____

____ AHA Basic First Aid, if you answered yes: Expiration Date _____

____ CPR, if you answered yes: Level _____ Provider _____ Expiration _____

Previous EMS Experience

Organization Name, Address, and Phone #	Supervision Name	Membership Dates
		From:
		To:
	Your Job Title:	
Reason for leaving:		
Duties/skills/positions held		

Organization Name, Address, and Phone #	Supervision Name	Membership Dates
		From:
		To:
	Your Job Title:	
Reason for leaving:		
Duties/skills/positions held		

Supplemental Questions

1. Have you ever been charged with any violation(s) of the Campus Code of Conduct including regulations of Housing and Residential Life? Yes _____ No _____

If yes, give details _____

2. Have you ever been charged, arrested, held for investigation, indicted, and/or convicted of any violation and/or crime, including traffic offenses? Yes _____ No _____

If yes, give details _____

Local Police Department

Your Local Police Department	Phone Number

I certify that the information I have given is complete, true, and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application. I consent to references and former employees being contacted regarding this application. I understand that any misinterpretation of information by me may result in my removal from membership with Stockton University Emergency Medical Services should those purposeful falsifications be discovered. I agree to return all uniforms and equipment given to me at the end of my membership or will refund the organization the cost of any lost or damaged uniforms or equipment.

BY SIGNING, I certify that I have read and agree with these statements.

Applicant's Signature: _____ Date: _____

SEMS Director Signature: _____ Date: _____

Please return completed forms to:

Associate Director Scardino : Campus Police in Building 70

This Application Has Four Additional Pages to Be Completed as Well:

1. Stockton University Police Department – Release Authorization
2. Stockton University Police Department – Confidentiality Notice
3. Stockton University – Use of Uncompensated Employee Agreement
4. Stockton University – Driver's License Verification and Self Disclosure Form



**Stockton University
Department of Police**

RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, _____, am making application for appointment to the Police Department of Stockton University of New Jersey. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Police Department of Stockton University or its representative any and all information, documentary or otherwise pertaining to me that they may request.

I hereby release, discharge and exonerate the Police Department Stockton University, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Police Department of Stockton University.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATE: _____, _____

SIGNATURE: _____

WITNESS: _____



Stockton University

Department of Police

CONFIDENTIALLY NOTICE

Name: _____

Z Number: _____

Student Position: Stockton EMS Member

Telephone Number: _____

In order to maintain a professional work environment, please note the following:

- If you are unable to report for work as scheduled, please call and advise the Officer in Charge.
- Please ask before using office phones or computers.
- Do not add or remove anything from any office computer.
- Do not remove any reports and/or documents from the department.

Confidentiality is a vital and critical component to the operation of the Police Department. It is expected that all information and activities concerning departmental operations will be considered confidential. Employees are prohibited from discussing, using, copying or maintaining any departmental documents/information as a result of employment at the Police Department. Any employee in breach of confidentiality will be subject to disciplinary action or immediate dismissal.

I _____ have read and understand this Office Protocol and Confidentiality Notice and agree to keep all matters related to the Police Department and my position confidential. I understand that if I do not meet this expectation, I may be disciplined and/or removed from my position.

Signature of Student Employee

Date

**RICHARD STOCKTON COLLEGE OF NEW JERSEY
UNCOMPENSATED EMPLOYEE RECORD**

TO: DEPARTMENT OF HUMAN RESOURCES **DATE:** _____

FROM: _____
Department/Unit Supervisor Department/School

RE: USE OF UNCOMPENSATED EMPLOYEE

Commencing _____, I plan to utilize the services of:

Last Name First Name M.I.

Street Address

Town/City State Zip

He/she will be under the direct supervision of _____
Immediate Supervisor

Proposed length of service: _____ Number of hours per week _____

While providing services here on campus, he/she may be reached at (ext./cell/email) _____

Brief description of duties: _____

NOTE: Any uncompensated person under age 18 is required by law to provide parental consent in writing. Under no circumstances will a person under age 18 be permitted to perform services for the College without parental consent.

I/we hereby permit _____ to act as an uncompensated employee at The Richard Stockton College of New Jersey as specified above.

Signature(s) of parent(s) or legal guardian(s)

A driver's license verification will be completed by the Office of Risk Management-E/H/S if driving a college-owned vehicle is required.

The uncompensated employee agrees to abide by all state and federal laws as well as all college policies, including Drug-Free Workplace Policy, Workplace Violence Policy and Policy Prohibiting Discrimination, Harassment, or Hostile Work Environments in the Workplace.

All relevant policies are available on the Human Resources web page.

Signature of Unit Head

Date

Signature of Uncompensated Employee

Date

STOCKTON UNIVERSITY
ANNUAL DRIVER'S LICENSE VERIFICATION AND SELF DISCLOSURE FORM

Only employees of Stockton University, with valid driver's licenses, are authorized to operate university-owned vehicles, as only they are afforded protection under the New Jersey Tort Claims Act. Any individual who is on the Stockton University payroll is considered an employee, including student workers who have driving responsibilities within their job descriptions. An employee's use of a university vehicle must be within the scope of their employment and for official University business only. Personal use of University vehicles is not permitted.

NAME:	
Z NUMBER:	
HOME ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	
DEPARTMENT:	Stockton University Emergency Medical Services
DEPARTMENT SUPERVISOR:	Tom Scardino
DRIVER'S LICENSE TYPE: (Auto, Truck or Bus)	Auto
DRIVER'S LICENSE NUMBER:	
STATE OF ISSUANCE:	
EXPIRATION DATE:	
Type of vehicle(s) to be driven (check all that apply)	<div> <input type="checkbox"/> 15-Passenger Van <input checked="" type="checkbox"/> Car <input type="checkbox"/> Pick Up Truck </div> <div> <input checked="" type="checkbox"/> Regular Van <input type="checkbox"/> GEM <input type="checkbox"/> CDL Truck/Bus </div>
Please check the applicable statement (Only employees and student workers are permitted to drive a University-owned vehicle)	<div> <input checked="" type="checkbox"/> I am a Stockton employee or Student Worker <input type="checkbox"/> I am not a Stockton employee or Student Worker </div>

I understand that by submitting this form, along with a clear photocopy of my current driver's license, I authorize The University to obtain an abstract of my driving history. Further, I understand that if my abstract is found not to be in good standing, and/or if I am found to not have a valid driver's license, I will not be allowed to drive any University vehicle, regardless of my specific job requirements.

Further, I understand that I must immediately (within 3 days – or before the use of a University vehicle) disclose to the University all moving violations that occur between the annual driver's license checks.

Employee Signature

Date Submitted

**PLEASE ATTACH A CLEAR PHOTOCOPY OF YOUR CURRENT
DRIVER'S LICENSE TO THIS FORM**