

Sponsored By:

Date Received:



Trucksville Volunteer EMS, Fire & Rescue Association

11 Carverton Rd.
Trucksville, PA 18708



11 Carverton Rd
Trucksville, PA 18708
570-696-1871
Fax: 570-696-1121

200 E. Center St
Shavertown, Pa 18708
570-696-3776
Fax: 570-696-9537

Application For Membership

Full Name:

Home Address:

City:

State:

Zip:

Home Phone: ()

Work Phone: ()

Cell: ()

E-mail Address:

Application Type: (Please check all appropriate categories)

- Active Member* *Active Junior Member* *Active Business/Supporting Member*
18 years of age or older 14-17 18 years of age or older
 EMS *Fire* *Rescue* *Fire Police*

To Apply: Complete and submit this application for membership and background check to the Trucksville Volunteer EMS, Fire & Rescue Association. Only completed applications can be considered or processed further. We may wish to contact you by mail, telephone, or e-mail. It is your responsibility to make sure contact information is correct and current. Office personnel cannot write on applications, except to accommodate the needs of individuals with disabilities. Any changes must be made by the applicant in person or through signed, written communication.

Once this application is completed and signed, mail it to the Trucksville Volunteer EMS, Fire & Rescue Association at 11 Carverton Rd, Trucksville, PA 18708 or return it in person on Tuesday nights at 7pm

Prior Experience

Have you ever applied to or been a member of this company before? **Yes** **No**
 If **Yes**, please give dates, and the circumstances under which you left the company:

Have you ever served in another EMS, Fire or Rescue Company? **Yes** **No**
 If **Yes**, please give the name, address, and phone number(s) of the department(s),
 dates of your service, and the circumstances under which you left:

Check here if you need more room and use the back of this page

State the highest rank you have held:

Certification Information

Certification	Certification Number	Expiration Date	Instructing / Certifying Agency
CPR			
FR/EMT/EMT-P			
EVO			
Haz-Mat A/O/T			
Vehicle Rescue A/O/T			
Essentials of Fire Fighting			
Fire Fighter I			

List any other EMS, Fire or Rescue classes you have taken not listed above, below:

List any EMS, Fire or Rescue vehicles you have been authorized or licensed to drive:

Equipment Issued

As a member of the Trucksville Volunteer EMS, Fire & Rescue Association you will be issued Association owned equipment in order to function as a member of this Association. This equipment may be but not limited to the following:

Turn Out Gear, Pager, Badge, etc. This equipment will remain property of the Association. If it should become damaged in any form you should report it to the Chief as soon as possible so that a claim can be submitted to the insurance company for repair or replacement of the equipment if needed. This equipment must be returned to the Association if your membership is ever terminated, either voluntarily or involuntarily or if you are requested to do so by the Chief.

I have read the above information related to Equipment Issued and fully understand and agree to this information.

Applicants Signature: _____

Date: _____

Workman's Compensation Claims

Any injuries received while engaged in all Association related activities must be reported to the Officer in Charge of the activity. Immediately after the activity you should obtain the Employer's Report of Occupational Injury or Disease form, complete the form to the best of your ability and return it to the Officer in Charge of the Chief. This form will then be submitted to the Kingston Township Office.

Failure to report a claim in a timely fashion may result in Workman's Compensation denying a claim for a payment of injury treatment, and possibly loss of wages from your paid job, thus causing you to pay these fees out of your pocket. Keep in mind that even if you do not receive medical attention for an injury, a claim must be filed in the event that an injury worsens, possibly several days after it occurred.

I do hereby sign the waiver voluntarily and without duress.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Employment

Current Employer:

Address:

Phone Number: ())

Date Employed From:

Contact Person: Name:

Position:

Medical

Height:

Weight:

Color of Eyes/Hair:

/

Family Doctor's Name:

Phone Number: ())

Blood Type:

Do you have any Medical Restrictions/Conditions?

Yes

No

If **Yes**, Please explain:

References

Please list three character references who you have known for at least three years, who are not related to you, and who are not past or present employers:

Reference 1: Name:

Telephone: ())

Address:

City:

State:

Zip:

Reference 2: Name:

Telephone: ())

Address:

City:

State:

Zip:

Reference 3: Name:

Telephone: ())

Address:

City:

State:

Zip:

Acknowledgement

I certify that the information I have given on this application is true, complete and correct. I understand that any false information or the omission of information may be sufficient reason for denial of membership or termination of membership if I become a member. I recognize that completion of this application does not imply acceptance and does not obligate Trucksville Volunteer EMS, Fire & Rescue (TVEFR) to elect me as a member. If accepted for membership I agree to abide by all rules, regulation, and policies established by TVEFR or its officers. I understand that, if accepted as a member, my membership is voluntary and may be terminated in accordance with the provisions of the TVEFR bylaws, policies and procedures. This application is not an agreement or a contract for employment.

I hereby authorize TVEFR to make any investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance and other such inquiries. I release TVEFR and all informants from all liability resulting from such inquiries.

Applicants Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian: _____
(Required if applicant is under 18 years of age)

Authorization and Release to Conduct a Criminal History, Driving History and Certification Check

I understand that the Trucksville Volunteer EMS, Fire & Rescue Association (TVEFR), given the type of services that it provides and for the protection of patients, members and the public, is obligated under the law to only utilize personnel who are responsible persons. In order for TVEFR to make this determination in accordance with the Pennsylvania EMS Act, I understand that I must provide to TVEFR with any information on any misdemeanor or felony convictions I have had (excluding juvenile offences unless tried as an adult) regardless of when the conviction occurred, as well as any information as to any adverse action against my certification as a health care provider or drivers license (such as suspension, revocation, or other restriction of certification or license). I understand that I must provide TVEFR with any information about new convictions or adverse action against my EMS certification or drivers license as they occur. I understand that this is an ongoing duty and that I must provide this information while I am associated with TVEFR.

I also understand that TVEFR will review records such as criminal history reports, driving history, and certification records from official government sources.

I authorize TVEFR to obtain a criminal history check, driving history report and report on the status of any certifications I claim (such as EMT or Paramedic certification) from official government agencies at any time during my association with TVEFR. Further, I also release and forever discharge TVEFR, their officers from any and all causes of action, liability, claim, loss, cost, or expense, and promise not to sue them on any alleged claims I may have arising from TVEFR requiring the criminal history, driving history or certification status report or relying upon information contained in these reports. I understand that I may review a copy of the criminal history or any other reports provided to TVEFR by government agencies if I request in writing to do so.

X _____
Signature

Date

Print Name

Updated March 2011, SLM