

# FLORENCE COUNTY RESCUE (Florence Unit)

## Volunteer Membership Application Form (revised 2008)

*\*The President / Board Members of this organization may verify all information and references given on the application.*

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

D.O.B.: \_\_\_\_\_ S.S. # \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Driver's License Class and Expiration Date: \_\_\_\_\_

Current Employment or Name of School: \_\_\_\_\_

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### *Educational Background*

High School / Tech School: \_\_\_\_\_

College / Vocational School: \_\_\_\_\_

Post Graduate: \_\_\_\_\_

Military Experience: \_\_\_\_\_

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### *Previous Emergency Services Experience*

EMS Provider: \_\_\_\_\_ Date: \_\_\_\_\_ Rank: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fire Provider: \_\_\_\_\_ Date: \_\_\_\_\_ Rank: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Total years involved in EMS: \_\_\_\_\_

*Health Information*

Is there any reason that your present health condition would restrict your activities as an emergency service provider? [If yes, please explain.]

\_\_\_\_\_

Do you suffer from any fear / phobias that would restrict your activities as an emergency services provider?

\_\_\_\_\_

Name of Person to contact in case of an emergency: \_\_\_\_\_

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

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*Background Investigation*

Have you ever been convicted of a Felony? [Circle One]                      Yes                      No

[If yes, please explain] \_\_\_\_\_

\_\_\_\_\_

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*Signatures*

I understand and agree that I may be required to take a physical examination as a condition of membership. I agree to consent to such exam and to (Florence County Rescue), its directors, officers, agents or employees from any claim arising in connection with the use of such exam.

I certify that the facts contained in my application for membership as well as the facts relayed during my personal interview(s) are true and complete to the best of my knowledge and understand that if voted in, falsified statements shall be grounds for dismissal.

I agree to permit (Florence County Rescue) to conduct an investigation into my background through the Sheriff's Department, State Police, FBI, or any other recognized law enforcement organization.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator \_\_\_\_\_ Date: \_\_\_\_\_

Here are some pertinent questions, to be answered with the utmost thought and consideration.

1. Are you willing to undergo training within a one year period? \_\_\_\_\_
2. How far do you live from the Rescue Squad Hall? \_\_\_\_\_ Miles
3. Are you willing to be on call at least one week each month from 11:00 pm through 5:00 am? \_\_\_\_\_
4. Besides being on call one week per month, would you be able to go on emergency runs at any other time? \_\_\_\_\_ If yes what days and approximate times are you usually available? \_\_\_\_\_
5. Do you have any physical disabilities that would hinder your performance during a run, or interfere with your judgment during a stressful situation? (ie. Heart condition, Nervousness, ect. ) \_\_\_\_\_

Signature of applicant; \_\_\_\_\_ Date: \_\_\_\_\_

Thank you on behalf of the Florence Rescue Squad and the area residents we strive to care for, for taking the time to fill out this application to be a volunteer. These documents will be thoroughly read and evaluated by the Florence County Rescue Squad Board of Directors. You will receive our decision as promptly as we can evaluate this application.

F.C.R.S.

