

Dear Applicant,

Thank you for your interest in Fort Mill Rescue. The information in this packet is intended to inform you of the application process of the organization and provide you with some regulations and guidelines needed for application, as well as for your probationary membership.

The basic requirements for membership are that you must be 18 years of age and have a high school diploma or GED. Candidates for membership should also have a "clean" driving record. In addition, you should be dependable, honest, and willing to give the organization your time.

Members are required to participate in ongoing training. The State requires 12 hours of training per year. This training will be provided for you at Fort Mill Rescue. This is in addition to any training outside the organization as well as responding to calls.

The Application Process

Once you complete an application for membership you are required to attend 3 meetings of the Organization. This 6 week (minimum) period is for you to get to know a little about Fort Mill rescue and its members and for us to get to know you. At the end of the 6 week period the "regular" members of the organization will vote whether accept or decline you for a 6 month probationary membership.

During this 6 week (minimum) application process the following restrictions apply. These restrictions are imposed for your safety and because of liability, confidentiality and insurance issues.

May not respond to any calls that Fort Mill Rescue is dispatched to. Should you respond during this period, you are doing so at YOUR OWN RISK AND LIABILITY.

Shall not engage in any radio traffic of Fort Mill Rescue or identify yourself as a member of the organization.

Are not permitted to be inside the building, or in any equipment, unless a member of the organization is with you.

Can not drive any vehicle or ride in any emergency response vehicle owned by Fort Mill Rescue, as you are not covered under any of our insurance policies.

FORT MILL RESCUE- EMERGENCY MEDICAL SERVICES

FORT MILL RESCUE PROBATIONARY MEMBERSHIP

Once you have attended your third meeting, a vote by the “regular” members will be held to accept or decline your application for membership. The vote will not be final until both the Day and Night Crews have voted.

If you are accepted as a probationary member the following guidelines should be followed:

1. The probationary period is 6 months from the date of the final vote.
2. Probationary members are not allowed to drive any Fort Mill Rescue Vehicles in the emergency mode. The only exception to this is that a probationary member can drive from the scene of the call to the hospital ONLY if it is in the best interest of the patient and no other full members are available. Probationary members will be encouraged to become familiar with the vehicles during routine errands or returning from a Hospital.
3. Probationary members are not permitted vote on Fort Mill Rescue issues.
4. Based on availability, Probationary members are issued some type of communication device. Only EMT's are issued walkie-talkies.
5. Probationary members are ENCOURAGED to respond to calls and can ride in our vehicles.
6. Probationary members are ENCOURAGED to learn the units, their contents and locations, proper radio techniques, and to become familiar with our equipment. They are also ENCOURAGED to learn the locations of all the area hospitals and the quickest and safest routes to them.
7. Probationary members need to remember that this 6-month period is a trial in which you should demonstrate your willingness to learn about FMR-EMS, its regulations, and your desire to help the sick and injured who depend on our services and abilities.
8. Our members are required to be enrolled in, or have completed, an EMT-Basic course within 1 year of membership.
9. Probationary members are required to attend each meeting of the FMR-EMS just as full members are required to.
10. Our buildings are open to you if you desire to “hang-out.” However, the buildings are not meant to be a “home away from home.” You will not be permitted to “live” at the building.
11. Probationary members are not permitted to answer calls until they have attended an “agency specific” Blood borne Pathogens class as required by OSHA.
12. Probationary members are not permitted to operate red lights or sirens in their personal vehicles to respond to a call.

In closing, if you are considering membership in our organization due to a desire to help others, WE WELCOME YOU! However, if you are here due to an attraction to the excitement, lights, and sirens we URGE you to closely inspect why you want to become a member. Our PRIMARY goal and function is to provide the best care possible to the sick and injured of our community.

Thank you for your interest in the Fort Mill Rescue.

FORT MILL RESCUE- EMERGENCY MEDICAL SERVICES

FOR INTERNAL USE ONLY

TO BE TURNED IN:

- APPLICATION
- HEALTH & MEDICAL HISTORY
- BACK GROUND CRIMINAL HISTORY
- ACKNOWLEDGEMENT OF GUIDELINES & REGULATIONS
- 10 YEAR DRIVING HISTORY
- COPY OF DRIVERS LICENSE
- COPY OF IMMUNIZATION RECORDS
- COPY OF ANY TRAINING RECORD CERTIFICATES (FIRE, RESCUE, EMS OR PUBLIC SAFTEY)

OFFICERS REVIEW

- DIRECTOR
- ASSISTANT DIRECTOR
- DAY CREW LEADER
- NIGHT CREW LEADER

PLACED IN APPLICATION FILE BY _____

PLACED IN APPLICATION FILE ON ____/____/____

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Dates of meetings attended: 1st ____/____/____, 2nd ____/____/____, and 3rd ____/____/____

Membership nomination: ____ Approved ____ Disapproved

Date voted on probationary membership ____/____/____

Officers present: Director _____ Day crew leader _____

Asst. Director _____ Night crew leader _____

Training _____

FORT MILL RESCUE- EMERGENCY MEDICAL SERVICES

MEMBERSHIP APPLICATION

PERSONAL HISTORY

Full name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone() _____ Pager () _____ Cell () _____

E-Mail _____ Shirt Size: _____

Social Security # _____ - _____ - _____

Current Employer _____ How long? _____

Employer address _____ Phone no.() _____

What time of day or night are you available to answer calls? _____

Do you possess a valid driver's license? _____ If yes, what State? _____ Give # _____

Have you ever been charged and convicted of any traffic violations which resulted in suspension or revocation of your driving privilege? _____ If yes, explain _____

Have you ever been charged or convicted of any criminal charge? _____

If yes, explain _____

Education

Do you possess a High School Diploma or GED? _____ If yes, school graduated and date _____

Do you, or have you ever had any first aid, CPR, or EMT certification? _____

If yes, please list (and attach certifications) _____

If you are not a current SC EMT, are you willing to take the course within one year of your membership? _____ If not, please explain _____

Have you had any specialized training in EMS or Rescue? _____

If yes, please list (and attach certifications) _____

Have you previously been a member of another Rescue or EMS organization? _____

If yes, please give organization name, contact person, and their title and phone number

List three references of a past organization, Rescue Squad, Fire Department, etc. Or three former employers or three individuals not related to you.

1. Name _____
- Address _____
- City, State _____
- Phone number _____

2. Name _____
- Address _____
- City, State _____
- Phone number _____

3. Name _____
- Address _____
- City, State _____
- Phone number _____

**FORT MILL RESCUE-
EMERGENCY MEDICAL SERVICES**

BACKGROUND CHECK

Because of the nature of business that Fort Mill Rescue engages in, as well as the level of public trust in this organization and the required confidentiality, it is mandatory that we ensure all applicants are trustworthy and reputable. For this reason, we require a background check on all applicants.

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of Fort Mill Rescue, whether the said records are of a public, private, or confidential nature.

I understand that as a part of this background check, I am responsible for providing Fort Mill Rescue's Director or Assistant Director (or his / her designee) a current copy of my drivers license history (available at the State Highway Dept) and a copy of my Criminal Background Check (available from the clerk of courts office). These are due to that officer on or before my third meeting.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, loans, commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements or records however filed. This also includes medical and psychiatric treatment, consultations with hospitals, clinics, private practitioners as well as the U.S. Veterans Administration. Employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances (filed by or against me) and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have had an interest will not be excluded.

I understand that Fort Mill Rescue will consider any information obtained by a personal history background investigation, which is developed directly, indirectly, in whole or in part, upon this release authorization, in determining my suitability for membership. I also certify that any person(s) who may furnish such information concerning me shall not be held from any and full liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Full signature (include maiden name)

Date

Witness

**FORT MILL RESCUE-
EMERGENCY MEDICAL SERVICES**

ACKNOWLEDGEMENT OF RECEIPT OF GUIDELINES AND REGULATIONS

I have received a copy of these guidelines and regulations.

I understand that I am expected to read these guidelines and be certain that I clearly understand them.

I also understand that I am expected to follow these guidelines and regulations.

Name (please print)

Signature

Date

FMR Official