

Schaefferstown EMS Membership Application

Date of Application: _____

Name (First Name, MI, Last Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Cell Carrier: _____

Date of Birth: _____

SSN: _____ - _____ - _____

Email Address: _____

Are you over the age of 18? YES or NO

Driver's License #: _____

DL Class: _____

Emergency Contact Name/Relation: _____

Emergency Contact Cell Number: _____

Emergency Contact Email: _____

Criminal Record:

Have you ever been convicted of or pled guilty or no contest to a felony or misdemeanor (including DUI or reckless driving)? YES or NO

If yes, please list all convictions and dates (only prior convictions which affect an applicant's suitability for service will disqualify an applicant from service): _____

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Purpose of Application: _____ Ride Along/Observer Program (RAP)
(select one) _____ Student/Clinical Membership
_____ Full Operation Membership

Ride Along/Observer Program

Definition: A person who occasionally rides along with SEMS for observation purposes only.

Duties: Activities are limited to observing and participants will not engage in patient care, but may perform other duties as directed and under the supervision of EMS crew.

Adherence to all SEMS policies, procedures, and bylaws. Failure to adhere to these duties will result in suspension or termination of membership.

Student/Clinical Membership

Definition: A person currently enrolled in a Pennsylvania licensed education institute, obtaining a certification in the Emergency Medical Services field of study.

Duties: Activities are limited to the skills and knowledge already learned in their current enrollment. Students will be responsible for providing documentation from their training institute citing the skills and activities the student may participate in.

Adherence to the Pennsylvania EMS Scope of Practice model for the certification level that the student is obtaining. Adherence to the Pennsylvania Prehospital Protocols for the certification level the student is obtaining. Adherence to all SEMS policies, procedures, and bylaws. Failure to adhere to these duties will result in suspension or termination of membership.

Cert. Level Obtaining: _____
Educational Institute: _____
Primary Instructor: _____
Primary Instructor Phone: _____
Primary Instructor Email: _____

Do you currently possess a CPR certification? YES or NO
If yes, please provide a copy with this application.

Successful completion of the student's training will allow the student to apply for full membership with SEMS. This process will require the completion of a new application under the "Full Operational Membership" section.

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Full Operation Membership

Definition: A person who currently possesses a Pennsylvania EMS Certification.

Duties: Adherence to the Pennsylvania EMS Scope of Practice model for the certification level that is currently held by the applicant. Adherence to the Pennsylvania Prehospital Protocols. Adherence to all SEMS policies, procedures, and bylaws. Failure to adhere to these duties will result in suspension or termination of membership.

Level of Training

	Certification Number	Expiration/Completion Date
EMR / EMT / MEDIC		
CPR	N/A	
EVOG	N/A	
EMSVO Credentials	N/A	YES or NO
NIMS 100	N/A	YES or NO
NIMS 200	N/A	YES or NO
NIMS 700	N/A	YES or NO
NIMS 800	N/A	YES or NO
Haz-Mat Awareness/Ops	N/A	
Bloodborne Pathogens	N/A	

Please provide copies of all of the above mentioned certificates and your current driver's license

Please list any other EMS training/certifications you possess (please provide copies):

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EMR/EMT/Paramedic Physical Requirements

- Able to lift/carry up to 125 pounds individually or 250 pounds with a second provider, while maintaining proper lifting/body mechanics.
- Able to walk/stand up to 8 hours per day depending on variable factors.
- Able to bend/kneel up to 4 hours per day depending on variable factors.
- Able to handle/grasp objects of various sizes.
- Able to push up to 75 pounds individually.
- Able to pull up to 100 pounds individually.
- Able to stretch body and extend arms to place or secure objects at a distance above, to the side of, or below the normal standing level of the individual.
- Able to ascend or descend steps/stairs/ladders as needed to gain access to a higher level.
- Able to stoop, squat, or crawl occasionally.

Are you able to fulfill the requirements of the position applied for *with* or *without* reasonable accommodations?

WITH _____

WITHOUT _____

Please initial to verify that you have read and understand the requirements as listed above and that the information provided is truthful and accurate. I understand that any false and misleading statement or material omission will lead to rejection of my application and/or revocation of membership.

Initials: _____

Date: _____

If under 18:

Legal Guardian Name(s): _____

Legal Guardian Number: _____

Legal Guardian Signature: _____

APPLICANT SIGNATURE: _____

All applicants will have background checks completed per the Pennsylvania EMS Act of 2009. These checks include, but are not limited to: PA State Police Background Check, PA Childline Clearance, and FBI Fingerprinting (for residents who have lived in PA for less than 10 years). Cost of background checks determined by application level.

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Information provided in this application will remain confidential and only be used by Schaefferstown EMS application and membership purposes.

EMS Confidentiality Statement

I, _____, agree to the following:

1. **Definitions:** The term SEMS as used in this agreement includes Schaefferstown Emergency Medical Services and all of its divisions, affiliates, and departments.
2. **Disclosure of confidential information:** I shall not at any time during my membership or thereafter, except as properly required in the course of my membership use, publish, disclose, or authorize anyone to use, publish, or disclose and confidential information belonging to SEMS or any third party doing business with SEMS.

Confidential information includes, but is not limited to: memoranda and other office materials; documents or records of proprietary nature; information relating to finance, accounting, personnel management, and operations management particularly relating to transportation of patients, patient care, patient condition(s), and contracts; business plans, projections, applications, and service policies; personnel information and personnel policies; and any other information which has not been made public. Confidential information shall be deemed to have been made public if it has become generally known rather than as a result of any breach of confidence by me or any obligation to SEMS.

3. **Use and return of SEMS property:** On termination of my membership, I will deliver to SEMS all property including uniforms, alerting devices, radios, EMS equipment, etc. belonging to SEMS and will not retain any copies or reproductions of correspondence, reports, documents, or any other item containing confidential information or relating in any way to the business of SEMS.
4. **Terms and Modifications:** The provision of this agreement shall survive termination of my membership with SEMS. This agreement may not be modified or waived without written consent by an authorized administrator of SEMS.
5. **Irreparable Injury:** I acknowledge and agree that, in the event of my breach of this agreement, SEMS will suffer irreparable harm and will be entitled to immediate injunction or other equitable relief from continual breach thereof without prejudice to any of SEMS' other rights and remedied. I will pay SEMS all costs and expenses, including but not limited to, reasonable attorney's fees incurred by SEMS in the enforcement of any rights under this agreement whether through litigation or otherwise.

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I HAVE READ THE CONFIDENTIALITY AGREEMENT AND FULLY UNDERSTAND ALL OF ITS TERMS AND CONDITIONS

Applicant Signature

Date

SEMS Officer or designee

Date