Schaefferstown EMS Membership Application

PLEASE VIEW THE FOLLOWING APPLICATION TYPES AND DESCRIPTIONS BEFORE PROCEEDING TO THE APPLICATION.

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.**

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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.

Non-Clinical/Administrative Volunteer

Definition: A person who volunteers in a non-clinical role to assist in daily operations.

Duties: Activities are limited to roles that occur outside the normal response of an emergency request for service. These activities could include but are not limited to: administrative/office duties, fundraising projects, vehicle maintenance, building maintenance, or cleaning of building and/or vehicles.

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Date of Application: _____

Application Type: _____ ***Ride Along/Observer*** _____ ***Student/Clinical***
_____ ***Full Membership*** _____ ***Non-Clinical Volunteer***

Name (First, MI, Last): _____

Mailing Address: _____
City:_____ State:_____ Zip:_____
Physical Address: _____
City:_____ State:_____ Zip:_____

Cell Phone: _____ Cell Carrier: _____

Email: _____

Date of Birth: _____/_____/_____ SSN: _____ - _____ - _____

Driver's License #: _____ DL Class: _____

Are you over the age of 18? YES *or* NO

If under the age of 18: Legal Guardian Name: _____
Legal Guardian Phone:_____
Legal Guardian Signature: _____

Emergency Contact Name/Relation: _____
Emergency Contact Cell Number: _____
Emergency Contact Email:_____

Criminal Record:
Have you ever been convicted, 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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Please check all certifications and trainings below that you currently possess

_____ Emergency Medical Responder (EMR)
_____ Emergency Medical Technician (EMT)
_____ Advanced Emergency Medical Technician (AEMT)
_____ Paramedic
_____ CPR (Healthcare/Professional Rescuer)
_____ Emergency Vehicle Operator Course (EVOC)
_____ Emergency Medical Services Vehicle Operator (EMSVO)
_____ Hazardous Materials Awareness
_____ Bloodborne Pathogens
_____ NIMS 100
_____ NIMS 700

If checked above, a copy of the current credential should be submitted with this application.

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EMR/EMT/AEMT/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 _____

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MEMBERSHIP TERMS

1. 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 or 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 is it has become generally known rather than as a result of any breach of confidence by me or any obligation to SEMS.
2. **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.
3. **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.
4. **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 fees incurred by SEMS in the enforcement of any rights under this agreement whether through litigation or otherwise.

APPLICANT SIGNATURE: _____

All applicants will have background checks completed by SEMS. These checks include but are not limited to: PA State Police Background Check and a Pennsylvania Individual Driver History. If additional background checks are needed, they will be at the applicant's expense.

I attest that the information provided in this application 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.

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