

Youngsville Rescue & EMS, Inc.
MEMBERSHIP APPLICATION

This application is for adults currently certified as an EMT or higher in NC. Applicants under 18 or those who do not possess a current EMT certification should apply using the "Cadet Membership Application"

This application must be completed in full before it will be accepted. All information on this application will be used only for membership purposes.

Name: _____ Date of Birth: _____

Address _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Occupation: _____

Emergency Contact: _____ Phone # _____

Education Information:

1. Are you currently taking any EMS courses? Please list: _____
2. Do you have a high school diploma or GED? _____ Graduation Year _____
3. I grant permission for my education record to be verified by Youngsville Rescue and/or Franklin County Emergency Services. Applicant initials _____

Driving Information:

Driver's License # _____ State _____ Expiration Date _____

Please explain any 'yes' responses on additional page.

1. Have you ever been ticketed for speeding? _____
2. Have you ever been arrested and/or convicted of any other motor vehicle violation? _____
3. Have you ever had your license revoked? _____
4. I grant permission for my driving record to be verified by Youngsville Rescue and/or Franklin County Emergency Services. Applicant initials _____

Criminal Information:

1. Have you ever been convicted of any felony or misdemeanor offense or have any felony or misdemeanor offense pending against you at this time? _____
2. Please explain (attach additional page if necessary):

3. Social Security Number _____ (For criminal background verification only)

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4. I grant permission for my criminal record to be verified by Youngsville Rescue and/or Franklin County Emergency Services. Applicant Initials: _____

Reference Information

Please list two non-relatives as references. Preferred references include current or former supervisors, teachers, or employers.

Reference Name: _____ Reference Phone: _____

Relationship to Applicant: _____ Email: _____

Reference Name: _____ Reference Phone: _____

Relationship to Applicant: _____ Email: _____

In submitting this application, I acknowledge the following:

1. I understand that rescue work is hazardous duty, and my life could potentially be endangered in the performance of my duties.

2. I understand that as a member I am responsible for reading, understanding, and following all rules and regulations contained in the Standard Operating Guidelines.

3. I understand that I may be required to meet additional training requirements before I am permitted to conduct patient care without supervision within the Franklin County EMS System.

4. I understand that any and all uniforms and equipment issued to me remain the property of YRS and I agree to return all uniforms issued to me (within ten business days) if I cease to be an active member. ___ initials

5. YRS will not certify patient care hours obtained in a trainee (third rider) capacity or provide references for outside employment until training is completed. I understand that in order to list YRS on my resume or any job applications, I must complete my initial training and be functioning as a full member (second person). _____ initials

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. I authorize investigation of all statements made in this application and understand that false information and/or failure to disclose relevant information may be grounds for rejection, disciplinary action, or dismissal.

Applicant's signature: _____ Date _____