

MEMBERSHIP APPLICATION

White Horse Fire Company / Ambulance

Thank-you for your interest in White Horse Fire Company Ambulance. Please fill out this application and return, with your membership fees to the fire company membership officer.

Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Date of Birth: ____/____/____ Drivers License: _____

Emergency Contact Person: _____
(First Name) (Last Name)

Emergency Contact Address: _____

Emergency Contact Phone Number: _____
(Please include cell phone number if possible)

Your relation to contact person: _____

EMPLOYMENT INFORMATION

Employment Name: _____

Employment Address: _____

City: _____ State: _____ Zip Code: _____

Employment Telephone Number: _____

Job Description: _____

GENERAL INFORMATION

Do you have any current medical problems or take any medications that could impair your ability to make decisions or perform as an active firefighter, fire police, and/or ambulance crewmember? If yes, please list.

Medical Problem/s: _____

Medication/s: _____

Do you have any past experience in EMS or Firefighting; or have you ever been a member of another ambulance organization or fire company? If yes, please list.

Are you currently an active member of another ambulance organization or fire company? If yes, please list.

Have you received Hepatitis B Vaccinations? YES NO

What was the date of your last Hepatitis B Vaccination? _____

If you have received Hep B information, but have refused the vaccinations; you must fill out a separate refusal form.

Do you have certification of HazMat training? YES NO

Do you currently have a blue light on your vehicle? YES NO
If yes, you must obtain a blue light permission card from the Fire Chief.

Do you have a White Horse Fire/EMS pager? YES NO

Do you live or work within 5 minutes of Fire Station. YES NO

I am in the area primarily: Daytime Nighttime Some of both

Certification

Please check all the past and/or current certifications that you have. Please include the date (month/year) that you were first certified and what your current expiration date (month/year) is. Please include a copy of all your certification cards or certificates, and PA driver's license with this application. This is very important for records, so please make a copy of your card every time you re-certify, and give it to the Fire Chief and/or EMS Chief.

<u>Course Title</u>	<u>Date of Certification</u>	<u>Date of Expiration</u>
____ EMT-Basic	_____	_____
____ EVOC or EMSVO	_____	_____ No expiration Date
____ EMT-Paramedic	_____	_____
____ Emergency Responder	_____	_____
____ Basic First Aid	_____	_____
____ CPR	_____	_____
____ AED Training	_____	_____
____ HazMat Awareness	_____	_____
____ HazMat Operations	_____	_____

Please include any other Health profession that you have been certified in (CNA, LPN, RN, etc...) or any other EMS or fire training courses that you have taken.

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I agree that the information that I have provided above, is true to the best of my knowledge. I also agree to adhere to the policies and procedures set in place by the White Horse Fire Company and/or White Horse Fire Company Ambulance.

Signature: _____ Date: _____

Print Name: _____

Signature of Membership Officer: _____ Date: _____