WELCOME PROSPECTIVE MEMBER

Thank you for your interest in our organization. As a public service agency that relies on volunteers, we are constantly in need of new and enthusiastic personnel. All applications will be given equal consideration regardless of race, sex, age, color, national origin, marital status, religion, or handicap. Answers to questions on this form will not be used to discriminate against any applicant.

Becoming an emergency medical care provider is demanding as well as a rewarding experience. You become part of an elite group of individuals who assist members of your own community on a daily basis, without the benefit of a paycheck. The work is hard, and the calls for help do not always come at the most convenient times, but the satisfaction of serving your fellow citizens rides high. We need well-trained personnel to answer calls 24 hours a day, and we hope that you will become one of our best.

To aid you through transition as a probationary member of the Havre de Grace Ambulance Corps, Inc., we have designed this application to assist you and possibly answer some of your questions. Upon obtaining an application from one of our members, you will see it has two parts:

1. The Application for Membership
2. The Outline to assist the new member (what you are now reading)

Fill out the application and return it to one of our members as soon as possible. (There is a $10.00 (ten dollar) application fee that must accompany this application).

After turning in your application, it will be forwarded to the company Investigating Committee. This committee will review your application, run a background check, provide you with information to have a drug screening completed, and then you will be contacted to meet with the committee for the interview. The committee will forward your application to the company with a recommendation, either to accept or reject your application, and the company will then vote to accept or reject your application. If you are voted in, you will be contacted that night and invited to join in the remainder of the meeting.

Once your application is accepted by the membership, you will serve a 1-year probationary period. Applicants are required to sign for, read and abide by the By-Laws of the Havre de Grace Ambulance Corps, Inc., within 30 days of being voted in. A copy of these By-Laws will be given to you during your orientation. You will be required to attend a pre-basic course, which is a mandatory training course conducted by the Training Committee, during the first 3 months of the probationary period. Also, each new member of the Corps will receive or decline to receive the Hepatitis-B vaccine. Cost of the vaccine will be paid by the Corps. Any probationary member, prior to their election as a regular member, who loses their membership by either act or omission, shall be required to reimburse the Corps for the cost of vaccinations. Probationary members not elected to regular membership, after completion of the probationary period, will not be required to reimburse the Corps for the cost of the vaccinations.

It is the responsibility of all members to make every attempt to attend clean-ups, social functions, training, and spend time at the station to get to know your fellow volunteers. Upon finishing your pre-basic training, you will be cleared by the Training Committee to ride the ambulances. You are fully insured by our company as soon as your application is accepted by the membership, so you are covered as a full member from the time that you join.

A probationary member must start an EMT class within the first year and complete and pass the class. This class is formal training to function as an emergency medical care provider. During your training and membership, all personal protective equipment will be issued to you at no cost. Pagers will be given out to members at the discretion of the officers according to established policy.
Well, if all this seems like a lot, it is. Being an Emergency Medical Care Provider is not an easy job. Even in the volunteer EMS service, there is a lot of time and training that must be given to do the job right. We work hard to serve the community and to better ourselves as members of it. There are no promises here. The work that we will ask you to do is hard, dirty, and many times, thankless. You will be cold, wet, afraid, and respected by those who work beside you. We appreciate the offer of your time to serve the community. The volunteer EMS service requires special people to do a special job. Your only paycheck will be the satisfaction you derive from the service you give to your community and the friendship you obtain from the close-knit family of EMT’s and Paramedics you are about to become a part of.

IF YOU ARE WILLING TO INVEST IN US, THEN WE ARE WILLING TO INVEST IN YOU.

THE HAVRE DE GRACE AMBULANCE CORPS, INC.
WELCOMES YOU!

REMINDERS:

- The Company meets on the 1st and 3rd Mondays each month at 7:00 pm. If the 1st or 3rd Monday falls on a Federal Holiday, there will only be one meeting that month. The following months will be impacted by a Federal Holiday:

  - **January** (held on the 1st Monday of the month; if the Federal Holiday falls on New Year’s Day, the regular company meeting and election of officers will be held on Tuesday following the holiday); **February** (held 1st Monday of the month); and in September (held the 3rd Monday of the month). **Note:** If the July 4th holiday falls on a Federal Holiday, which coincides with the 1st Monday of the month, there will only be one meeting that month, the 3rd Monday.

- Be sure your application is signed and completely filled out (with your $10.00 (ten dollars attached).

- Any general questions regarding your membership should be directed to any member

- **THE APPLICATION AND FORMS MUST BE FILLED OUT ENTIRELY OR THEY WILL BE RETURNED TO YOU WITHOUT FURTHER PROCESSING.**

DETACH THIS MEMBERSHIP OUTLINE AND HOLD IT FOR FUTURE REFERENCE
Membership Application

Name: ______________________, ______________________, ______________________
(Last) (First) (Middle)

Street Address: ____________________________________________________________

City: __________________________ State: ______________________ Zip code: ________

Date of birth: _____/_____/______ Current Age: ______ Social Security#: _____/_____/______

Sex: (Male) (Female) Driver’s License#: __________________________ State_____

Cell Phone # ( ) __________________________ Home Phone # ( ) ______________________

Work Phone # ( ) __________________________

Personal Email address ____________________________________________________________
(You will be contacted via the email address you provide above; please check that account regularly for an email coming from the Havre de Grace Ambulance Corps)

Spouse’s Name __________________________ Spouse’s Work Phone # ( ) _____________

Emergency Contact (Name & Phone #) ______________________________________________

Medical History ____________________________________________________________________

Medications _______________________________________________________________________

Allergies _________________________________________________________________________

Restrictions, if any: ________________________________________________________________

Have you ever been convicted of a crime? Yes ( ) No ( )

Have you ever had any healthcare certification or license withheld, suspended, revoked, denied, or have you surrendered, or allowed a license or certificate to expire or lapse as the result of an investigation or disciplinary action? Yes ( ) No ( ).
If yes, please explain: ___________________________________________________________________

Have you ever been convicted of, or pled guilty to, or pled nolo contendre to or received probation before judgment for any crime other than a minor traffic violation? Yes ( ) No ( ).
If yes, please explain: ___________________________________________________________________

Interested in: ___________________________ Regular Membership: ( ) Associate Membership: ( )
Have you ever been a member of this Company or any other Fire or EMS Company? If so, please fill out this section in detail.

Company Name ___________________________ Phone Number (   ) ______________
Address _______________________________ RMS # (if applicable)______________
Years of Service: ____________ Offices/Positions Held: ________________________________
Date Left_____________ Reason ____________________________________________________
List any previous Training in Fire or EMS and certifications as appropriate: __________________________

**MOTIVATION:**

Explain why you want to be a member of our organization: ____________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

**PRESENT EMPLOYER**

Company Name ___________________________ Phone (   ) ______________
Address ________________________________ (Street) (City) (State) (Zip)
Position ________________________________ Date Hired _________________
Supervisor __________________________________________
May we contact your employer: Yes _____ No _____
If no, please explain: ________________________________________________________________

If less than five (5) years with present employer, give past employer information

Company Name ___________________________ Phone (   ) ______________
Address ________________________________ (Street) (City) (State) (Zip)
Position ________________________________ Date Hired _________________
Supervisor __________________________________________
Date and reason for leaving ____________________________________________________________

List three (3) Business, Professional or Personal references (required):

(1) Name_______________________________ Phone (   ) ______________
Address ________________________________ (Street) (City) (State) (Zip)
How long known? _______________________ Type of relationship __________________________________

(2) Name_______________________________ Phone (   ) ______________
Address ________________________________ (Street) (City) (State) (Zip)
How long known? _______________________ Type of relationship __________________________________

(3) Name_______________________________ Phone (   ) ______________
Address ________________________________ (Street) (City) (State) (Zip)
How long known? _______________________ Type of relationship __________________________________
References (continued):

(2) Name __________________________________________________________ Phone ( ) _____________
Address__________________________________________________________
                        (Street)                        (City)                        (State)                        (Zip)
How long known? __________________________________ Type of relationship ________________________

(3) Name __________________________________________________________ Phone ( ) _____________
Address__________________________________________________________
                        (Street)                        (City)                        (State)                        (Zip)
How long known? __________________________________ Type of relationship ________________________

Sponsors:

Please have two current members of the Havre de Grace Ambulance Corps, Inc. sign your application (these individuals can be friends, relatives or acquaintances).

Sponsor’s Name (print)  Signature  Date

Sponsor’s Name (print)  Signature  Date

Applicant’s Signature Required:

I hereby certify that all information on this application is true and correct to the best of my knowledge. I also give my permission for the Havre de Grace Ambulance Corps, Inc. to use any information on this application in performing a background investigation. If I am accepted, I agree to abide by the By-laws, Standard Operating Procedures, and the Policies outlined in the Member Handbook of the Havre de Grace Ambulance Corps, Inc. I understand that furnishing incorrect, false, or misleading information is grounds for immediate dismissal from the Havre de Grace Ambulance Corps, Inc.

Signature _________________________  Date _________________________
The following information is optional and is to be filled out at the discretion of the applicant. Any information contained herein cannot be used to determine membership and will remain confidential.

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Do you have any of the following conditions of which we should be aware:

- **Allergies:** (medications, etc)  
  - Yes _________  No _________

- **Hearing Impairments**  
  - Yes _________  No _________

- **Heart Related Problems**  
  - Yes _________  No _________

- **Alcohol or Substance Abuse**  
  - Yes _________  No _________

- **Mental or Emotional Problems**  
  - Yes _________  No _________

- **Physical Impairments**  
  - Yes _________  No _________

If you answered yes to any of the above, please explain:

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RECORD RELEASE FORM

(APPLICANT’S SIGNATURE REQUIRED)

I, ________________________________ do hereby grant permission to the
Investigation Committee of the Havre de Grace Ambulance Corps, Inc., the Board of Directors
of the Havre de Grace Ambulance Corps, Inc., and any person, party, agency, or member of the
said above committees to investigate any criminal history or record I have or may have. I also
grant permission to the above stated committees to obtain disclosure of any criminal, medical,
psychiatric, or driving record I have or may have, whether said record(s) may be public or
private in nature. I am aware that a background investigation can lead to the rejection of my
application for membership and I absolve any member of the Havre de Grace Ambulance
Corps, Inc., from any civil action on my part which may result from said rejection.

_________________________________     ________________________________
(Applicant Signature/Date)                     Witness Signature/Date
(Required)                                     (Required)

Witness’s Address