



MEMBERSHIP PROCESS

If you are interested in becoming a volunteer with Fort Mill EMS, contact us at contact@fortmillems.org.

The membership process begins with 2 ride-alongs as an observer. Once you contact us, we will arrange times for your ride-alongs. This is an opportunity for you to evaluate whether EMS is the right thing for you before submitting an application.

For your ride-along, you must wear long pants (not jeans), polo or button-down shirt and closed-toe shoes.

Arrive 10 minutes before your shift time to the station assigned to you. Introduce yourself to the paramedic.

To apply for membership, you must

- Have a HS diploma, GED or currently enrolled in school.
- Be committed to contributing a minimum of 24 hours a month in service.
- Have EMS certification or be enrolled in an EMT course within 3 months of application date.

A criminal background check and driving history is conducted on all applicants.

If you meet the requirements, you may submit an application.

Once your application is accepted and approved, you will be given access to the online scheduling tool to sign up for shifts as a third crew member. As a third crew member, you work under the supervision of the paramedic and EMT. You will progress from observer to assisting our paramedics and EMTs with patient care.

New members are encouraged to attend department meetings on the 4th Monday of the month at Station 1 at 216 S White Street, Fort Mill at 7 PM.

New members are also encouraged to attend any department training.

New members are encouraged to participate in additional departmental activities such as clean ups, special events and anything that helps us to engage with the community.



VOLUNTEER APPLICATION

PLEASE PRINT OR TYPE

Today's Date: _____

First Name *MI* *Last Name* *Preferred Name/Nickname*

Date of Birth *Social Security Number*

Street Address *Apt #* *City* *State* *Zip Code*

Home Phone *Alternate/Work Phone* *Email Address*

*Driver License State and #** *Expiration* *License ever suspended or revoked? If yes, explain.*

***ATTACHED COPY OF DRIVER'S LICENSE AND INSURANCE**

Ever been charged or convicted of a crime? If yes, explain.

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Fort Mill EMS will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes No

If yes, can you furnish a work permit? Yes No

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

Fort Mill EMS is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Fort Mill EMS complies with applicable state and local laws governing non discrimination in employment in every jurisdiction in which it maintains facilities. Fort Mill EMS also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.



EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

LIST ANY MEDICAL TRAINING:

CPR & CPR LEVEL	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
EMT or Paramedic	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

EMS LICENSES:

TYPE OF LICENSE	NATIONAL REGISTRY?	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

*****SUBMIT COPIES OF ALL CURRENT EMS CREDENTIALS*****



EMS / FIRE / RESCUE EXPERIENCE

	Initial Cert Date	Years Active	Currently Active
EMT			Yes No
Paramedic			Yes No
Other			Yes No

Recent EMS / FIRE / RESCUE EXPERIENCE

FROM ____ / ____ Month Year	COMPANY NAME			YOUR POSITION and TITLE
	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON			
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

FROM ____ / ____ Month Year	COMPANY NAME			YOUR POSITION and TITLE
	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON			
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			



PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to Fort Mill EMS for the purpose of volunteer membership. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the Fort Mill EMS to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of membership, or, if currently a member, termination from membership with Fort Mill EMS.

References: I hereby authorize the Fort Mill EMS and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at a membership decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED: _____

DATE: _____



FORT MILL EMERGENCY MEDICAL SERVICES - HEALTH HISTORY REPORT

Name _____
Last First Middle

Medical History: _____

Current medications: _____

Allergies: _____

Primary Care Provider: _____ Phone: _____

Immunization records:

OSHA requires EMS providers to have immunization for Hepatitis B. You must provide proof with your application. We also recommend that you check with your physician to ensure all of your immunization are up to date. Please provide a copy of any immunization records that you may have including Tetanus.

Hepatitis B Vaccine: Yes _____ No _____

Do you or have you ever suffered from any illness or injury that restricts you from functioning as an EMS provider? Yes _____ No _____

If yes, explain

By my signature, I hereby state that the above information is true and correct to the best of my knowledge. I understand that the disclosure of false information on this application is grounds for dismissal of this application and or as a member of Fort Mill EMS.

Signature: _____ Date ____/____/____

In event of emergency notify:

Name: _____ Phone: _____ Relationship: _____