

ROCKY POINT FIRE & EMS
25600 Rocky Point Road-Klamath Falls, OR 97601



Fire Chief

Diann Walker-Pope
Ph: 541-356-2100
Fax: 541 356 2340
Chief@rpfire.com

Board Members

Jennifer Pickle
Bruce Harp
Theresa Pettersen
David Carpenter
Pat O'Shay

ROCKY POINT FIRE & EMS

25600 Rocky Point Road-Klamath Falls, OR 97601

Fire Chief

Diann Walker-Pope
541-892-0898
Chief @rpfire.com

Rocky Point Fire & EMS Volunteer Application

Name _____ Birthdate _____

Address _____

Contact # _____ Email _____

Social Security# _____ (for workers comp and life insurance) Oregon
EMT # _____

Oregon Drivers Lic # _____ Expiration _____

Employment status: **Full-Time Paid** **Part-Time Paid** **Volunteer**

Have you ever been convicted of a
crime? _____

Do you have any disabilities, medical conditions, or other restrictions that might limit
your ability to function as an emergency services provider or
firefighter? _____

Any past training, affiliations, fluent in foreign languages that would be
beneficial? _____

Briefly explain your current employment
status _____

I swear that the statements made by me on this application are accurate and true to the best of my knowledge. I understand that for the first six months following my acceptance, I will be on probation and must meet with the Fire Chief for review. I understand that all clothing, equipment, and supplies issued to me remain the property of the fire district. I further give consent to Rocky Point Fire & EMS to obtain any background information necessary to determine my suitability.

I understand that a background check may be performed to verify the above information and suitability.

Signature _____ Date _____

DOCUMENTATION CHECK LIST

- DMV driving record printout
- Copy of Driver License
- Signed HIPPA confidentiality statement
- Initial Tuberculosis (TB) screening
- Hepatitis-B immunizations or a signed statement of declination;
- Complete an emergency vehicle operator's course CEVO or NFPA Driver.
- AHA Healthcare provider CPR card

By signing below, you are certifying that you are NOT addicted to alcohol or controlled substances and are free from any physical or mental condition that might impair the ability to operate or staff an ambulance; and you are physically capable of assisting in the extrication, lifting and moving of a patient.

I understand that any unprofessional conduct as listed in OAR 333-265-0000 may result in disciplinary action, civil action, and/or legal action.

Signature _____ Date _____

CONFIDENTIALITY, PROTECTED PATIENT INFORMATION, AND MEMBER VERIFICATION

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Rocky point Fire & EMS prohibits the release of any patient information outside our organization unless required for the purposes of treatment, payment, cooperation with law enforcement, and health care operations. Discussions of Protected Health Care Information (PHI) within the organization are limited. Acceptable uses of PHI within the organization include: exchanges of PHI needed for treatment of the patient, billing, peer review, internal audits, quality assurance and othe essential health care operations.

I understand that Rocky Point Fire & EMS provides services to both local and transient peoples that are both private and confidential. I understand that it is necessary in the rendering such services, that patients provide protected information in a variety of forms. Oral, written, electronic, photographic information is strictly confidential and protected by federal and state laws.

I agree to comply with all confidentiality policies and guidelines set in place by Rocky point Fire & EMS during my employment with the district. If I, at any time, knowingly or inadvertently breach patient confidentiality policies or guidelines, I will notify the Fire Chief immediately. I understand that such a breech may result in my termination as an employee for Rocky Point Fire & EMS. All PHI in my possession will be returned to the district upon termination.

I have read and understand that all Rocky Point fire & EMS privacy policies and guidelines. I agree to abide by them or be subject to disciplinary action, which may include verbal or written warnings, suspension, or termination as a volunteer/employee with the district and its organized associations.

Signature_____Date

Printed Name_____