REQUIREMENTS FOR VOLUNTEER MEMBERSHIP

Individuals who desire to become a volunteer member of the Lumberton Rescue and EMS Inc. must meet the following qualifications and requirements:

1. Must possess a valid North Carolina driver’s license; and
2. Agree to abide by the Constitution and Bylaws of the Unit; and
3. Must live within the rescue coverage area; and
4. Must possess a valid North Carolina Medical Technician certification; and
5. Must successfully complete and obtain Technical Rescue certification within one year and ninety days from date of becoming a member: and
6. Must not have been convicted of any serious felony or serious misdemeanor.

**Application Process:**

**Individuals who desire to become members of the Unit shall make the fact known by applying to the Commander or Deputy Commander and completing an application.** The applicant shall be present at the next scheduled Executive Board meeting and review his/her qualifications for membership.

His/her qualifications for membership shall be investigated and approved by the Executive Board if deemed acceptable for membership. The applicant will then be presented to the Unit at a regular business meeting and the applicant will be allowed to eat at the meeting. After introduction, the applicant will be excused from the meeting. His/her application will be voted on at the next regular business meeting present and voting at the regular meeting.

**All applicants are on a probation for a period of one year and ninety days from the date of membership.** A probationary member may be dismissed at any time during his/her probationary period by a two-thirds vote of the Executive Board. No new member shall have voting privileges for a period of ninety days after becoming a member.

**Members will be assigned a call night and call weekends. They will be responsible for calls paged during their assigned shift.** Call nights are assigned by the Deputy Commander and are from 1900 on that night until 0700 the next morning. Members are also responsible for weekend call every seventh weekend. Weekend shift is from 0700 until 1900 Saturday and Sunday. Members must answer calls during their assigned shift or have another member of equal or higher certification to cover their shift.

The Unit provides Workman’s Compensation Insurance to the members. The Unit and the State also provides line-of-duty death benefits. Training and travel expenses (if any) will be paid for by the Unit if the Executive Board has approved the travel/training. The Unit shall pay for required immunizations and medical tests. The Unit shall pay for medical screening/procedures after injury or potential exposure if the incident is properly reported and documented. The NC State Pension is available to members but is not paid for by the Unit. The Pension Fund pays monthly benefits to members who have given at least 20 years for which they have paid their pension dues ($10.00 paid monthly, $125.00 received monthly after 20 years). Members are also required to pay $50.00 refundable deposit for issued equipment. This deposit will be returned to the member upon his/her termination of membership when all assigned equipment has been returned to the unit.

**Members must attend 75% of all Unit meetings.** Members must maintain current EMT certifications throughout their membership. Members may be required to attend specific training meetings and will be notified of mandatory meetings.

**Physical expectation:**

A person wishing to be a member of the Unit should be able to:

* Lift a 200lb load with assistance from another rescuer.
* Work in confined areas (overturned vehicle, collapsed areas, etc.)
* Work from heights (ladders, roofs, etc.)
* Work up to one hour in turnout gear in harsh weather conditions.
* Wear full protective turnout gear (weighing approximately 30lbs) without unusual fatigue.
* Deal with critical incidents effectively, including multiple victims, mass trauma.
* Young/Elderly patients and death/dying patients.

**APPLICATION FOR MEMBERSHIP**

Date of Applications:

Name: Date of Birth:

Address:

Home Phone: Cell Phone:

Email Address:

Employer: Employer Address:

Sex:  Male  Female Social Security Number\*:

\**Social security information is requested for insurance, workman’s compensation, Rescue Association and Rescue Brotherhood documentation. It is also collected as a means of conducting a criminal and driving record investigations as required. It will not be disseminated to anyone for any other reason without your approval.*

Marital status:  Married  Single Spouse’s Names:

High School Graduate?  YES  NO  GED Date Graduated/ GED Awarded:

NC Operator’s License Number:

Have you been licensed in any other state?  NO  YES If yes, what state?

Has your licenses ever been suspended or revoked for any reason?  NO  YES

If yes, state the charge/reason and date of conviction:

Have you ever been convicted of or received a PJC for any crime?  NO  YES If yes, explain below:

*(A conviction does not mean that you cannot be a member. The offense and how recently the conviction/PJC occurred will be evaluated in relation to the application.)*

**I hereby give Lumberton Rescue n EMS permission to investigate this application to include criminal and driving records. I also understand this information will be held confidential by the Lumberton Rescue and EMS and will pertain only to the applications.**

Indicate (and provide copies of) any current applicable certifications you hold:

NC EMT

NC ADVANCED EMT

NC PARAMEDIC

NC Rescue Technical

NC Firefighter

SCUBA Diver (Level: )

Do you have any other qualifications or certifications that you believe you as a member of the Lumberton Rescue & EMS Inc.?

Why do you want to be a member of the Lumberton Rescue Unit?

Names three references (not to include relatives or employers):

1. Name: Address:

Cell Phone: Business Phone:

1. Name: Address:

Cell Phone: Business Phone:

1. Names: Address:

Cell Phone: Business Phone:

**Acceptance of Rules and Regulations of the Rescue Unit:**

**If accepted by the Lumberton Rescue and EMS, I agree to abide by all reasonable requests of the Unit officers and to always follow the Constitution of the Unit. I also understand the equipment issued to me is my responsibility and is to be turned in to an officer immediately upon request my verbal or written resignation. I understand as a new member, I will be on a probationary period for one year and ninety days during which time I may be dismissed from the Unit by a two-thirds vote of the Executive Board. I understand that I must maintain my certification as a Emergency Medical Technician throughout my time as a member with Lumberton Rescue & EMS.**

**Signature Date:**