



WCESRA Responder Membership Application

dba Rehab 23

Responders Membership: Persons interested in being part of the ongoing operation of WCESRA are being recruited.

MEMBER COMMITMENT:

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| <ol style="list-style-type: none">1. Participate in a minimum of 4 Call Outs annually2. Volunteer a minimum of 32 service hours annually (Call Outs, Events)3. Attend a minimum of 4 monthly meetings |
|--|

All persons that will ultimately be responders/members will:

- **Complete the application below explaining their background & reason(s) for volunteering**
- **Be at least 21 years of age, a resident of Tennessee and a U.S. Citizen**
- **Be willing to pay a one time membership fee of \$50.00**
- **Be willing to pay for their basic equipment/etc**
- **Be vetted via background checks**
- **Physically capable to move freely in, out and around the Rehab Unit**
- **Physically capable to lift up to 50 lbs on a regular basis**
- **Interviewed by two Board members**
- **To be trained relative to the proper operation of the Unit via a Standard Operating Procedures (SOP) manual which includes significant safety procedures**
- **Complete prescribed driver training course(s)**
- **To be trained relative to proper conduct while on the scene of any and all events**
- **Serve a 6 month probation period**
- **Complete a 1-1.5 hour Orientation Program**
- **Other requirements that the Board deems appropriate**



Rehab 23 Responder/Member Application

Full name: _____

Address: _____

Email address: _____ Home phone number: _____

Cell phone #: _____ Primary communications are via cell phones!

Date of Birth: _____ M/F _____ Tennessee DL #: _____

Any background/experience related to firefighting or law enforcement? Yes/No

If yes, please explain role(s), length of service time, location(s)

References (name/relationship/phone or email address):

1 _____

2 _____

Current employment status: Full time work/Part time work/Retired/Other

If Other please explain: _____

List any limitations relative to time/days available for call out:

By signing this application, I agree to all of the above stated terms and condition, and acknowledge that I am 21 years or older, a Tennessee resident and a U.S. Citizen.

Print name: _____

Signature: _____

Date: _____

Please include one time membership fee of \$50 payable to Rehab 23 (includes background check)



Wilson County Emergency Services Rehab Association will keep all the above info CONFIDENTIAL

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Interviewed/Reviewed by: _____ **Date:** _____

Recommended to Board for Membership: Yes/No

Board Approval: Yes/No **Date:** _____

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