

WCESRA Responder Membership Application

dba Rehab 23

Responders Membership: Persons interested in being part of the ongoing operation of WCESRA are being recruited. All persons that will ultimately be responders/members will:

- Complete the application below explaining their background & reason(s) for wanting to volunteer
- Be at least 21 years of age, a resident of Tennessee and a U.S. Citizen
- Be willing to pay a 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#s on a regular basis
- Interviewed by an appropriate number of the 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
- Be a regular attendee/participants in Responder/Member monthly meetings
- Complete a 1-1.5hour Orientation Program
- Other requirements that the Board deems appropriate

I agree to all of the above stated terms and conditions.

Print name: _____

Signature:_____

Date:_____

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/contact info:

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 acknowledge that I am 21 years or older, a Tennessee resident & a U.S. Citizen.

Print name: _____ Signature: _____ Date: _____

PLEASE INCLUDE MEMBERSHIP FEE OF \$50 MADE OUT TO REHAB 23 WITH THE SIGNED APPLICATION

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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