



<https://eastpennsar.net/membershipapplication>

**Please Print**

**Date** \_\_\_\_\_

**Applicant** \_\_\_\_\_  
(First) (Middle) (Last)

**Address** \_\_\_\_\_ **How Long?** \_\_\_\_\_  
(Street) (City – Municipality) (State) (Zip)

**County:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cell Carrier (Provider)** \_\_\_\_\_  **Android**  **Smartphone**

**Email Address:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact and Relationship (friend, family, etc.)	Phone Number

## Employment

Current Employer \_\_\_\_\_ Occupation / Position \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) ( City / State) (Zip)

Are you able to leave work for emergency calls?  Yes  No

Would you like us to keep your employer abreast of your volunteer experience?  Yes  No

## Physical and Medical History

Are you physically capable of lifting and carrying at least 50 pounds?  Yes  No If no, explain. \_\_\_\_\_

Are you able to complete an annual physical?  Yes  No If No, Explain \_\_\_\_\_

Place an "X" next to all physical limitations that may impair your performance.  
 Use additional sheets of paper as required. If none, indicate "None".

Poor Vision	<input type="checkbox"/>	Poor Hearing	<input type="checkbox"/>	Back Problem	<input type="checkbox"/>	Difficulty Breathing	<input type="checkbox"/>	Vertigo	<input type="checkbox"/>
Arm Impairment	<input type="checkbox"/>	Leg Impairment	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
Please List All Allergies:									
Please LIST All Medications:									
Blood Type:			Weight:			Height:			

# Training

Please indicate with an "X" all training classes that you have completed.

<b>Completed</b>	<b>Medical Training</b>
	Wilderness First Aid - WFA      Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Wilderness First Responder - WFR      Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Emergency Medical Responder - EMR      Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Emergency Medical Technician - EMT      Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CPR      Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Completed</b>	<b>Incident Command System Training</b>
	<a href="#">IS-100c - Intro to the ICS</a>
	<a href="#">IS-200c - ICS for Initial Response</a>
	ICS-300 - Intermediate Incident Command System
	ICS-400 - Advanced Incident Command System
	<a href="#">IS-700b - An Intro to the NIMS</a>
	<a href="#">IS-800d - National Response Framework (NRF)</a>
<b>Completed</b>	<b>Search Training</b>
	Introduction to Search and Rescue - NASAR
	Fundamentals of Search and Rescue - NASAR
	Advanced Search and Rescue - NASAR
	Search and Rescue - Initial Actions - NASAR
	Managing the Lost Person Incident - NASAR
	<a href="#">Crime Scene Preservation</a>
	<a href="#">Basic GPS</a>
	<a href="#">HAZMAT Awareness</a>
	Helicopters in Search and Rescue - Basic Level - MRA
	Helicopters in Search and Rescue - Intermediate Level - MRA
	SARTECH I
	SARTECH II
	SARTECH III
	DCNR - Field Team Member (FTM)
	DCNR - Field Team Leader (FTL)

Completed	Rescue Training
	Rope Operations - Basic Rigging
	Rope/High Angle Rescue I
	Rope/High Angle Rescue II
	Rope/High Angle Rescue III
	Water Rescue for the First Responder
	Water Rescue and Emergency Response
	Emergency Boat Operations and Rescue
	Advanced Line Systems and Rescue
	Ice Rescue and Emergency Response
	Structural Collapse Rescue - Level I
	Confined Space - Awareness Level

***ATTACH COPIES OF ALL TRAINING CERTIFICATES TO THIS APPLICATION***

### Previous Fire and/or EMS Service

Have you ever been suspended or expelled from an emergency service organization?

Yes  No If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Please provide information about your past fire, EMS, and/or hazmat service history below.  
Use additional sheet(s) of paper and attach them to the application as required.

Name of Fire and/or EMS Service: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Describe your experience and/or responsibilities you had:

State – Zip \_\_\_\_\_

Tel. # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From		To		Position	Reason for Leaving	Name of Chief Officer
Mo.	Yr.	Mo.	Yr.			

## Criminal History

(Conviction of a crime is not an automatic disqualification for volunteer work)

**Do you consent to a State Criminal Background and Child Abuse Check as per our Bylaws and Constitution?**

Yes    No   If no, explain \_\_\_\_\_

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## Driving Record

**Have you ever been convicted of Driving under the Influence?**      Yes      No

List ALL traffic violations including DUI for the last (7) years. If none, place "NONE" under date below.

Date	Vehicle Type	Boro/City	Charge	Penalty

## **Applicant Review and Signature Required**

It's agreed and understood that any misrepresentations or omissions to evade providing information given on this application shall be considered an act of dishonesty.

It's agreed and understood that the East Penn Search and Rescue Team or its agents may investigate the applicant by contacting anyone it deems necessary to determine the accuracy and completeness of the information on the application. The applicant releases the East Penn Search and Rescue Team and its members, officers, and agents from all liability or damages in obtaining information about the applicant.

The applicant agrees to furnish such additional information and complete such other examinations as may be required to complete the applicant's membership process.

By signing the application, I certify that the application was completed by me and that all entries and information are complete, true and correct to the best of my knowledge.

<b>Applicant Signature</b>	<b>Date</b>	<b>Social Security Number</b>

### **Submission Instructions**

Scan the completed Application, Checklist and Training Certificates and email to:

[rtobias7601@gmail.com](mailto:rtobias7601@gmail.com) or [mtobias7609@gmail.com](mailto:mtobias7609@gmail.com)

Please allow enough time for the application to be reviewed. Call us at 570-982-3862 OR 570-982-3867 to check the status of your application after 2 weeks.

**Thank you for your interest in East Penn Search and Rescue.**