



Membership Application

Revised 03/05/2024

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.

Completed	Medical Training
	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
Completed	Incident Command System Training
	IS-100c - Intro to the ICS
	IS-200c - ICS for Initial Response
	ICS-300 - Intermediate Incident Command System
	ICS-400 - Advanced Incident Command System
	IS-700b - An Intro to the NIMS
	IS-800d - National Response Framework (NRF)
Completed	Search Training
	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
	Crime Scene Preservation
	Basic GPS
	HAZMAT Awareness
	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
	Incident Safety Officer

Did you complete an Annual Hazmat Awareness Refresher Course? Yes No

If Yes, when? _____ / _____ / _____ Location: _____

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: _____

State – Zip _____

Tel. # _____

Describe your experience and/or responsibilities you had:

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 _____

List ALL Pending Charges. Use additional sheet(s) of paper and attach them to the Application.

If none, indicate "NONE" under Pending Charges Below.

Date Charged	Pending Charges	Type

Drivers License

Operator Number	State	Restrictions / Class	Expiration Date

Do you have valid car insurance? Yes No

Have you ever been denied a driver's license or permit? Yes No

Have you ever had your driver's license revoked or suspended? Yes No

If yes, explain: _____

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

To Be Read and Signed by the Applicant

It's agreed and understood that any misrepresentations or omissions to evade proving 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.

Applicant Signature	Date	Social Security Number
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Place an "X" in each box to indicate that each item was reviewed and completed as desired.

- A copy of your Driver's License is attached to Application. Both front and back.
- All Items on the Application are completed in their entirety
- All physical and medical Information is completed in its entirety.
- All training is listed.
- All criminal history questions are answered
- All Drivers License questions are answered.
- All Driving Record questions are answered.
- All relevant training certificates are ready to be submitted with the Application.
- Application is signed and dated.
- A copy of the applicant's Social Security Number is attached.

Submission Instructions

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

rtobias7601@gmail.com or eastpennsar@gmail.com

Please allow a sufficient amount of 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.