



Tri-Hampton Rescue Squad

P.O. Box 659 ~ Richboro, Pa 18954

215-357-0473

Station 113 Station 114 Station 115
 917 Street Road 1440 Bridgetown Pike 140 Township Road
 Southampton, Pa 18966 Feasterville, Pa 19053 Richboro, Pa 18954

MEMBERSHIP APPLICATION

Please circle type of application: **Volunteer** **Career**

PERSONAL INFORMATION

NAME: Last		First	Middle	Age & Date of Birth	Social Security #
ADDRESS: Number & Street				City & state	Zip Code
Home Phone	Work Phone	Cell or Pager	Email address		
Name of Spouse	Emergency Contact (name, address, phone & relationship)				

EDUCATION AND TRAINING

High School Graduate? (if yes, what year?)	Name/Location of High School	GED? (if yes, when?)			
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED					
Name of school	City/State	Dates Attended	Major	Credits	Degree

CERTIFICATIONS (attach a copy of all certifications as well as your driver's license)

Type	Certification Number	Expiration	Type	Certification Number	Expiration
ER	<input type="radio"/> n/a		ACLS	<input type="radio"/> n/a	
FR	<input type="radio"/> n/a		PALS	<input type="radio"/> n/a	
EMT	<input type="radio"/> n/a		BTLS	<input type="radio"/> n/a	
EMT-P	<input type="radio"/> n/a		PHTLS	<input type="radio"/> n/a	
HP	<input type="radio"/> n/a		EVOC	<input type="radio"/> n/a	
CPR	<input type="radio"/> n/a		HAZMAT	<input type="radio"/> n/a	
FF	<input type="radio"/> n/a		HEP-B	<input type="radio"/> n/a	
ICS	<input type="radio"/> n/a		OTHER	<input type="radio"/> n/a	

DRIVING RECORD

Pennsylvania Driver's License #	Other permits you hold	current # of points (if any)
Class of license	Restrictions	Has your license ever been revoked?
Are you an Emergency Driver at any other emergency service organization?		Yes No
If yes, where and how long have you been a Qualified Emergency Driver?		

GENERAL INFORMATION

Have you ever been convicted of a felony? (Circle one)		Yes	No
If yes, please give exact details (conviction, offenses, location of offense, sentencing court, date of sentence and nature of sentence on separate sheet.)			
Do you wish to declare yourself handicapped? (Circle one)		Yes	No
If yes, please describe nature;			
Please indicate any allergies, health conditions or disabilities which may interfere with your ability to perform Emergency Service.			
Are you currently under a doctor's care? If yes, explain and include physician's name and phone number:		Yes	No
In the past three years, have you knowingly used narcotics, amphetamines or barbiturates? (Circle one)			
If yes, explain;		Yes	No
Have you previously served in a volunteer emergency service? (circle one)		Yes	No
If yes, where and when?			
Do you have any military experience?		Yes	No
Branch	# of years	Type of discharge	Date of discharge
			Please include a copy of DD214.
Please list any school honors, organization memberships unique skills etc.:			
Please list any members of THRS that you know?			
Please list any additional information you consider pertinent to your application for membership			

REFERENCES (list three)

Name :	Home Phone	Work Phone
ADDRESS: Number & Street	City & state	Zip Code
Name :	Home Phone	Work Phone
ADDRESS: Number & Street	City & state	Zip Code
Name :	Home Phone	Work Phone
ADDRESS: Number & Street	City & state	Zip Code

VOLUNTEER APPLICANTS ONLY

Please indicate your desired area of service: (circle all that apply)						
Patient Care	Non Patient Care	Clerical	Trade (mechanical, computer, etc)			
Is your availability 'year round'?				Yes	No	
If no, when are you <i>not</i> available?						
Why are you interested in becoming a volunteer?						
How did you learn about Tri-Hampton Rescue Squad?						
To the best of your knowledge, will you be available to volunteer 6 months from the date of this application?				Yes	No	
Do you anticipate being able to volunteer a minimum of 180 hours (45 hours per quarter) in the 12 months following acceptance into the squad?				Yes	No	
Do you have a preference in the following day(s) or night(s)? (Circle as applicable)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			Daytime	Evenings	Overnight	

HIGH SCHOOL STUDENTS ONLY

Name of Parent or Legal Guardian:	Home Phone	Work Phone
ADDRESS: Number & Street	City & state	Zip Code
Are you receiving School credit for your Volunteer Work? If yes, How many hours do you need?		Yes No
Counselor's Name	Telephone Number	Year of Graduation

CAREER APPLICANTS ONLY

Position applied for:	Have you ever worked or applied to work for THRS before?
	Yes No

Employment History: Please begin with most recent employer.

Employer #1	From	To
Address	Phone Number	Supervisor
Reason for leaving	start salary	end salary
Employer #2	From	To
Address	Phone Number	Supervisor
Reason for leaving	start salary	end salary
Employer #3	From	To
Address	Phone Number	Supervisor
Reason for leaving	start salary	end salary

Certification: *After completing the application, please read carefully and sign.*

We appreciate your interest in our organization. A clear understanding of your background and work history will aid us in considering you for a position in this organization.

- 1 *I give permission to Tri Hampton Rescue Squad to investigate any and all information concerning my application in order to determine my qualifications. This includes, but is not limited to medical clearance, criminal background checks, employment and personal reference checks and educational or certification verification. I understand that any misrepresentation of facts contained in this application may cause for my rejection or dismissal.*

- 2 *I agree that any personal property carried by me during the course of duty may be inspected by authorized Rescue Squad Officers.*

- 3 *I agree to abide by all rules and regulations as described in The Operations Manual and/or Employee Manual, By-Laws and Standing Rules, and Directives. I understand that if placed, my placement will be subject to the condition of any applicable probationary period established by the Organization's Policies. I understand that this application and any other Rescue Squad documents are not contracts of employment, and that any member who is placed may leave under proper notice, and may be terminated by the organization for cause.*

- 4 *In the event of resignation or termination, I agree to return all organizational property issued to me such as uniforms, identification, keys, etc.*

My Signature Below Indicates that I have Read, Understand and Consent to the above Statements. The Authorization or Photocopy shall serve as a consent for the Tri Hampton Rescue Squad to request any information concerning my application.

_____ Applicant's Signature	_____ Date
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_____ Signature of Parent or Guardian	_____ Date
Required if applicant is under eighteen years of age.	

For office use only.

Date Received: ____ / ____ / ____	Initials _____	Information verified and background cleared: ____ / ____ / ____
Date of Interview: ____ / ____ / ____	Committee Members Present _____	
Recommendation: _____		Date proposed for membership or date of hire: ____ / ____ / ____