Print Form

Boonsboro Ambulance & Rescue Service, Inc.

Volunteer Member Application

This is a Adobe PDF, Form Fill Application. Complete the form on your computer, print, sign and fax or mail the application to:

Boonsboro Ambulance & Rescue Service, Inc.
Attn: Membership Committee
PO Box 7
Boonsboro, MD 21713

Fax: 301-432-2265

Membership Process

1. Your application will be given to a member of the Membership Committee.

2. You will be called to set up a time for an interview. If you have not included current certification card with you application, please bring them with you to the interview.

3. Once brought on as a probationary member, you will have six (6) months for both you and Boonsboro Ambulance and Rescue to decide if this is a good choice.

4. Before riding on the units, you must have completed CPR certification, HIPPA training, Haz-Mat training, and a Bloodborne Pathogens class.

5. You will be expected to attend a general orientation class prior to riding on the units.

6. All of your references must be returned before you can become a full member.

7. As a probationary member, you are encouraged to attend as many company meetings and fundraisers as possible. You will NOT be able to vote on any issues at any meeting, though.

If you have any questions or concerns, do not hesitate to ask any membership committee member. Thank you for applying for membership with Boonsboro Ambulance and Rescue.

Types of Membership

Operationally Active

1. Must be at least 16 years of age.
2. Must pull a combination of at least 16 hours a month or a cumulative of 180 hours a calendar year.
3. Must have or receive a current EMT-B or higher certification within one year of membership.
4. After six (6) months probation, may vote on all company issues.

Administratively Active

1. Must be at least 18 years of age.
2. Must attend at least 8 meetings in a calendar year.
3. Must assist the company by working a minimum of fifty (50) hours of fundraisers a year.
4. After six (6) months probation, may vote on company issues.

Junior

1. 14-16 years of age
2. Must assist with the majority of fundraisers.
3. Can attend company meetings, but will not be allowed to vote on any company issue.
4. Must complete all orientations and initial trainings.

Associate

1. Any person who is not active, lifetime, or probationary who will assist the company with various activities on a regular basis.
2. Associate members will have no voting privileges in the company nor will hold any keys to any company property.

Boonsboro Ambulance and Rescue Service, Inc.

Volunteer Membership Application

Check one type of membership: ☐ Operationally Active ☐ Administrative Active ☐ Junior ☐ Associate

APPLICANT INFORMATION			
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
BIRTH DATE:	SSN:	PHONE:	
SEX:	E-MAIL ADDRESS:	TODAY'S DATE:	

DRIVERS LICENSE NUMBER:	CLASS:	STATE OF ISSUE:	EXPIRATION DATE:

Have you ever been arrested and/or convicted or received probation before judgment for any misdemeanor, felony or motor vehicle violation, other then parking tickets? ☐ YES ☐ NO If yes, please explain on the back side of this **form.**

Do you currently have any active motor vehicle "points" on your driving record? ☐ YES ☐ NO If yes, how many? _____.

Do you have any physical limitations that preclude you from performing any work for which you are being considered? ☐ YES ☐ NO

Are you willing to take a physical examination? ☐ YES ☐ NO

Are you willing to undergo an alcohol and / or drug test? ☐ YES ☐ NO

IN CASE OF AN EMERGENCY NOTIFY		
Name:		
Address:	Telephone (Home)	Telephone (Work)
Employer:	Relationship to you	

EDUCATION			
LOCATION	**NAME**	**YEARS COMPLETED**	**DIPLOMA / DEGREE**
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
VOCATIONAL SCHOOL			
TECHNICAL SCHOOL			

MFRI / SPECIALIZED TRAINING:

Attach additional pages and certification copies or transcripts as necessary.

What Foreign languages do you speak fluently?

If you did not graduate from high school, have you passed and received a high school equivalency certificate from Maryland or any other state? ☐ YES ☐ NO

Name of State granting certificate of equivalency _____. Date of Issuance _____.

Are you a Veteran? ☐ YES ☐ NO

Are you a member of the Reserves or National Guard? ☐ YES ☐ NO

BRANCH OF SERVICE	FROM - TO	RANK	OCCUPATION

EMPLOYER					
Name of Employer:		Address:			
Type of Business:		Department:		Your Position:	
Job Description:					
Name and Position of Immediate Supervisor:					

REFERENCES (Please do not list relatives or former employers)			
NAME	OCCUPATION	YRS. ACQUAINTED	PHONE

Whom do you know in Boonsboro Ambulance and Rescue?

How did you hear about Boonsboro Ambulance and Rescue?

MEDICAL INFORMATION

Family Physician: | Phone:

Any other physicians or specialists and phone:

List any physical impairments which could affect your performance:

Are you currently under a doctor's care? ☐ YES ☐ NO Check Box | If so, Please explain.

Have you ever been refused employment or, discharged from the Armed Forces due to a medical condition? ☐ YES ☐ NO
If so, please explain.

Have you ever applied for or received benefits or pension because of an accident, extended illness or disability?	YES ☐	NO ☐
Do you have any reason to believe that you are not in good health at this time?	YES ☐	NO ☐
Do you have any lifting restrictions?	YES ☐	NO ☐

RESCUE INFORMATION

Have You ever applied for membership at Boonsboro Ambulance and Rescue? _☐_ YES _☐_ NO	If so, When and Why Did you leave?

Have you been, or are you now, a member of another ambulance service, rescue unit or fire department? ☐ YES ☐ NO

If so, please list dates of membership and reasons for leaving with name of and address of the chief officer.

Have you ever been suspended, rejected or denied membership from any other ambulance service, rescue unit, or fire department? If So, please explain. ☐ YES ☐ NO

Do you, or have you ever held a certification for any special training relating to emergency care or rescue? ☐ YES ☐ NO

If So, please list on the back. Also please include with this application a copy of any certification cards that you may hold, including CPR, First Aid, EMT-B, CRT, CRT-I, EMT-P, NREMT-P, Rescue or Fire courses that you may have taken.

What do you hope to accomplish by becoming a volunteer member?

We appreciate your interest in Boonsboro Ambulance and Rescue Service, Inc. Please feel free to make any additional remarks in the space provided below or attach additional information that would be helpful in evaluating your qualifications.

Membership Agreement

I hereby affirm that all statement made herein are true and correct to the best of my knowledge. I authorize Boonsboro Ambulance and Rescue Service, Inc. to conduct whatever investigation deemed necessary to confirm statements submitted on this application. I understand that any false statements are sufficient grounds for immediate termination or rejection of this application.

I authorize all references listed in this application to give any all information that they have, and release all parties from liability for any damage that may result from furnishing this information to you.

I agree to fully abide by the By-Laws, Rules and Regulations, and the Standard Operating Guidelines of the Boonsboro Ambulance and Rescue Service, Inc.

I agree to submit myself, upon request to a complete physical examination by a physician to be determined by Boonsboro Ambulance and Rescue Service, Inc. or Washington County Volunteer Fire and Rescue Association, or Washington County Department of Emergency Services and understand that certain membership activities are subject to medical clearance.

I understand that the Boonsboro Ambulance and Rescue Service, Inc. will not discriminate against age, sex, religious beliefs, race, physical challenges, national origin, or sexual orientation.

I understand that any and all information obtained by the Boonsboro Ambulance and Rescue Service, Inc. will become part of my personnel file and will remain confidential.

I understand that if accepted into membership of the Boonsboro Ambulance and Rescue Service, Inc., I may at any time and for any reason terminate my membership.

I understand that nothing contained in this application is intended to create a member's contract between the Boonsboro Ambulance and Rescue Service, Inc. and myself for either membership or the providing of any benefit. No promises have been made to me regarding membership. I understand that if accepted into membership of the Boonsboro Ambulance and Rescue Service, Inc., my membership will be at will and that my membership may at any time and for any reason be terminated by the Boonsboro Ambulance and Rescue Service, Inc.

_____ _____

Signature Date

_____ _____

Witness Date