

**Mid Sussex Rescue Squad Inc.**  
**31738 Indian Mission Road, Millsboro, DE 19966**  
**302-945-2680**  
**www.midsussexrescuesquad.com**

**APPLICATION FOR MEMBERSHIP**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*(Last) (First) (MI) (Suffix)*

Address: \_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(City) (State) (Zip)*

Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Current Employer Name: \_\_\_\_\_

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

Position: \_\_\_\_\_ Years Employed: \_\_\_\_\_

May we contact for a reference: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_

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

Position: \_\_\_\_\_ Years Employed: \_\_\_\_\_

May we contact for a reference: \_\_\_\_\_

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List Three References Not Related to You: (name, address, phone number, years known)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you have any previous EMS experience:                      Yes                      No

If yes, please list details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Company: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

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Name of Company: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Do you have any EMS training, or do you currently hold any certifications:      Yes                      No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for membership, or been a member of this company:      Yes                      No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a felony arrest: \_\_\_\_\_ conviction: \_\_\_\_\_

Are you awaiting any court action for any charges other than minor traffic violations: \_\_\_\_\_

If yes to either of above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree to have your background investigated:      Yes                      No

Requirements for Membership Eligibility

**Per company by-laws, V. Articles of Policy, Article I, Sections I, II, and III:**

1. Attend at least six (6) regular meetings and at least six (6) drills
2. Within one year, enroll in an NREMT-B (National Registry of Emergency Medical Technicians Basic) class
3. Obtain a Delaware State issued Emergency Vehicle Operators License within three months
4. Obtain at least 30 points for EMS cal I response
5. Attend other classes deemed necessary by the Delaware State Fire School
6. Complete the necessary re-certification courses for which you are certified

**\*\* Note\*\* This Company shall not discriminate against race, sex, creed, religion, or national origin**

**Acceptance Agreement**

After acceptance into the company, I will be expected to participate in extra curricular activities such as Parades, Meetings, Drills, Duty Crews, Mandatory Training, and Work Details on the Ambulances or Station. The above list is not "all inclusive". I also understand I am on a one (1) year probationary period. Failure to meet these requirements may result in my dismissal from the company. I have answered all the above questions correctly and to the best of my knowledge and further understand if it is at anytime determined that I have willfully made false statements, it will be considered cause for dismissal from the company.

Do you accept this agreement?      Yes \_\_\_\_\_      No \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ADMIN USE ONLY:**

Date application was read to body: \_\_\_\_\_

Date applicant was interviewed: \_\_\_\_\_

Investigating committee: \_\_\_\_\_

Approved: \_\_\_\_\_

Rejected: \_\_\_\_\_

Date of vote: \_\_\_\_\_

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Date of vote: \_\_\_\_\_

Yes: \_\_\_\_\_

No: \_\_\_\_\_

**Waiver of Confidentiality  
Authorization for Release of Information**

I \_\_\_\_\_, having applied for membership with the Mid Sussex Rescue Squad Inc., do hereby authorize and request the release of any and all information that may pertain to myself to any LOCAL, STATE, or FEDERAL LAW ENFORCEMENT AGENCY, ANY MOTOR VEHICLE AGENCY (for drivers license information) ANY AUTHORIZED PERSON AT ANY SCHOOL OF ANY TYPE, (including but not limited to FIRE/EMS training facilities) AND/OR ANY PRESENT OR PAST EMPLOYER.

I furthermore understand the reason for this Waiver/Authorization is for the possibility of a background investigation to include any character references, driving record information, disciplinary action, and /or professional references. Any charges incurred will be the responsibility of the applicant and upon acceptance into the company; the company will reimburse the applicant.

This Waiver/Authorization, or a reproduction of, will be binding and valid for the duration of my membership with the Mid Sussex Rescue Squad Inc.

By my signature hereon, I affirm the statements are truthful and correct to the best of my knowledge and furthermore confirm my signature was placed on this document willfully and voluntarily.

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ State of Drivers License: \_\_\_\_\_

Full Birth Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Address (including development name): \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

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Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

**Waiver of Confidentiality  
Authorization for Release of Information**

I, \_\_\_\_\_, having applied for membership with the Mid Sussex Rescue Squad Inc., do hereby waive any patient-physician confidentiality privileges and do hereby authorize and request the release via examination of, or copies of, any and all medical records that may pertain to myself to the aforementioned company.

This Waiver/Authorization, or reproduction of, will be binding and valid for the duration of my membership with the Mid Sussex Rescue Squad Inc.

By my signature hereon, I affirm that the statements are truthful and correct to the best of my knowledge and furthermore confirm my signature was placed on this document willfully and voluntarily.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Birth Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Address (including development name): \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

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Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_