



## ***COMMUNITY RESCUE SERVICE, INC.***

*110 EASTERN BOULEVARD NORTH – P.O. BOX 22 – HAGERSTOWN, MD 21741-0022*

*EMERGENCY PHONE: 911*

*BUSINESS PHONE: (301) 733-1112*

*FAX: (301) 739-6015*

Dear prospective Member,

Congratulations on taking the first step in becoming a member of a world renown rescue company! An emergency care and heavy rescue world champion several times over, Community Rescue Service has etched its place among the best in the fire and rescue service. As a member you will carry the distinction of volunteering with one of the most active rescue companies in the state. You will be a crucial member of our team, and have the opportunity to assist in the strengthening of our foundation with your education or special skills and knowledge.

The application of your newly acquired interest will prove to be challenging. As you give freely of your time, you exact a reward far greater than a paycheck. The value of advice and service will be felt by everyone within and outside the community. To express these feelings in written word is beyond my ability. If you are willing to grow, learn and experience the professional relationship,

**WE INVITE YOU TO COME JOIN THE TEAM!**

You will never forget the first venture in which you take an active role in the progression of this great organization.

Please review the enclosed information and discuss your future commitment with your family and friends. I thank you personally for expressing an interest in Community Rescue Service. I look forward in growing with you as we remain on the cutting edge of emergency medical technology.

Sincerely,

Christopher N. Amos EMT-Paramedic  
Chief Operating Officer

*Affiliations*

*American Ambulance Association, Maryland State Fireman's Association, Washington County Volunteer Fire & Rescue Association  
Hagerstown – Washington County Chamber of Commerce, Maryland Association of Non-Profit Associations*

**PLEASE READ CAREFULLY!**

I certify that the information in this application is correct and complete to the best of my knowledge and I understand that falsifications, misrepresentations or omissions are grounds for dismissal or rejection of this application and/or from employment.

I authorize Community Rescue Service, Inc. to conduct work history, reference and police record inquiries as it deems appropriate. If hired I understand that as a part of the background investigation, I may be fingerprinted. Continued employment may be contingent upon the results of the investigation.

I authorize all references listed in this application to give Community Rescue Service, Inc. any and all information that they may have concerning me, my prior job applications and my work history; and I do hereby release and hold harmless, all such references and the Community Rescue Service, Inc. from liability for any damage that I may claim with respect to any aspect of my work application and employment.

In consideration of my employment, I agree to conform to the rules and Regulations of Community Rescue Service, Inc. If accepted for employment, I agree to rotate shifts (technicians only) as required when necessary. I understand that all employees must serve a one (1) year probationary period which begins at date of employment.

I also understand and agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either Community Rescue Service, Inc. or myself and without notice or liability for wages or salary except such earned at date of termination. I understand that no representative of management, other than the Board of Directors, or their designated representative has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the above.

**Employment Applicant's Signature required:**

\_\_\_\_\_ Date: \_\_\_\_\_

**"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100"**

**Employment Applicant's Signature required:**

\_\_\_\_\_ Date: \_\_\_\_\_

"In conformity with applicable laws, Community Rescue Service, Inc. does not discriminate on account of race, color, creed, religion, sex, age, sexual orientation, marital status, national origin or physical or mental disability. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. The designer of this form assumes no responsibility and hereby disclaims any liability for inclusions in this form, of any question upon which a violation of state and federal fair employment practice laws may be based"

**EMPLOYMENT DRUG TESTING, PHYSICAL AND CRIMINAL BACKGROUND CHECKS ARE REQUIRED.**

**Employment Applicant's Signature Required:**

\_\_\_\_\_ Date: \_\_\_\_\_

## Community Rescue Service, Inc. Membership Agreement

**Directions: Read and review the material contained herein, then sign at the indicated section. This document will be kept on file.**

I an applicant of Community Rescue Service, Inc. do agree to abide by all rules and regulations and Organizational by-laws as set forth.

Furthermore, I understand that I must abide by the instructions and / or orders of any company officer and shall do such at all times.

I also understand that any materials, patches, badges, identifications of any kind, will not be worn or displayed after termination of membership with this organization. Also, all items deemed the property of Community Rescue Service, Inc. shall be promptly returned to the CRS Quartermaster or I may face prosecution. Items which I have purchased from the company may be returned and I shall receive reimbursement for them according to their conditions.

By signing this agreement, I hereby authorize all physicians, hospitals, counselors, other health care providers, employers, and former employers to provide to the authorized representatives of the Community Rescue Service, Inc. any and all information about me which is being sought by Community Rescue Service, Inc.

In addition, a background check may be conducted on me through the State Fire Marshals Office.

I shall at all time endeavor, to the best of my ability, to serve, protect and better the organization of Community Rescue Service, Inc.

I understand that misrepresentation or omission of facts is cause for dismissal or refusal into the organization.

**ASSOCIATE OR ACTIVE VOLUNTEER APPLICANT SIGN HERE**

Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
(If applicant is a minor)

Date: \_\_\_\_\_

COMMUNITY RESCUE SERVICE, INC. PROUDLY STATES THAT WE WILL NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE, COLOR, CREED, RELIGION, SEX, AGE, SEXUAL ORIENTATION, MARITAL STATUS, NATIONAL ORIGIN OR PHYSICAL OR MENTAL DISABILITY IN ACCORDANCE WITH THE CIVIL RIGHTS ACT OF 1964.

# Community Rescue Service, Inc.

## Membership and Employment Application

110 Eastern Blvd., North  
Hagerstown, Md. 21740

Ph. (301) 733-1112  
Fax (301) 739-6015

Check one:  Active Membership  Associate Membership  Employment

### APPLICANT INFORMATION

NAME:						
<i>FIRST</i>		<i>MIDDLE</i>			<i>LAST</i>	
MAIDEN NAME:						
ADDRESS:						
CITY:			STATE:		ZIP CODE:	
BIRTH DATE:		SSN:			PHONE:	
SEX:	RACE:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	MARITAL STATUS:
E-MAIL ADDRESS:						

DRIVERS LICENSE NUMBER:	CLASS:	STATE OF ISSUE:	EXPIRATION DATE:
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Have you ever been arrested and/or convicted or received probation before judgment for any misdemeanor, felony or motor vehicle violation, other than 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? \_\_\_\_\_.

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
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
VOCATIONAL SCHOOL			
TECHNICAL SCHOOL			
<b>MFRI / SPECIALIZED TRAINING:</b>			

*Attach additional pages 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

**EMPLOYMENT HISTORY (List present or most recent positions first)**

Name of Employer:		Phone Number:	Address:	
Type of Business:		Department:	Your Position:	
Job Description:				
Name and Position of Immediate Supervisor:				
Date Hired (Mo/Day/Yr)		Date Left (Mo/Day/Yr)		Hours / Week
				Days / Week
If not Still employed Reason for leaving.				

#2

Name of Employer:		Phone Number:	Address:	
Type of Business:		Department:	Your Position:	
Job Description:				
Name and Position of Immediate Supervisor:				
Date Hired (Mo/Day/Yr)		Date Left (Mo/Day/Yr)		Hours / Week
				Days / Week
If not Still employed Reason for leaving.				

#3

Name of Employer:		Phone Number:	Address:	
Type of Business:		Department:	Your Position:	
Job Description:				
Name and Position of Immediate Supervisor:				
Date Hired (Mo/Day/Yr)		Date Left (Mo/Day/Yr)		Hours / Week
				Days / Week
If not Still employed Reason for leaving.				

May we ask your present employer for a reference? _____ YES _____ NO
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May we conduct an official background check on you? _____ YES _____ NO
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**REFERENCES (Please do not list relatives or former employers)**

NAME	OCCUPATION	YRS. ACQUAINTED	PHONE
Whom do you know in Community Rescue Services Inc.?			
How did you hear about Community Rescue Services Inc.?			

**MEDICAL CONTACT INFORMATION**

Family Physician:	Phone:
Any other physicians or specialists and phone:	

**RESCUE INFORMATION**

Have You ever applied for membership at CRS?      ___ YES    ___ NO	If so, When and Why Did you leave?
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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.

List duty shift preference starting with your most desirable first **(VOLUNTEER APPLICANTS ONLY)**

DAY	SHIFT				
	0700 - 1100	1100 - 1500	1500 - 1900	1900 - 2300	2300 - 0700
1 DAY					
2 DAY					
3 DAY					

We appreciate your interest in Community 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.

Additional  
Remarks:

**LETTER OF INTENTION (for volunteer applications only)**

In the space provided below, type or print clearly your response to the following question, please feel free to use Additional pages.

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