

PROSPECTIVE MEMBER APPLICATION CHECKLIST

This checklist should help you to understand what information you need to turn in along with your application. All information requested is required for your application to be considered.

1. Signed application-----
2. Signed fitness for duty agreement
3. Certified Driver's History
4. Record check for your county of residence for past (7) Years
5. Copy of your Driver's License

If any information is missing your application will not be processed.

**Thank you, for your interest in becoming a member of
Shelby Rescue Squad, Inc.
Good Luck!**

**CLEVELAND COUNTY EMERGENCY MEDICAL SERVICES
INSPECTION CONTROL PROGRAM
WAVIER FORM FOR HEPATITIS B IMMUZATION SERIES**

**This is to certify that I, _____
have been informed that the Hepatitis B Vaccine is effective in preventing Hepatitis.
That my Volunteer Duties are of such a nature that I may be exposed to body fluids
or patient care situations that involve this disease.**

**I have been offered the Hepatitis B Vaccine series at no cost to me and have chosen
not to participate in the immunization program. I release Cleveland County and
Cleveland County Emergency Medical services from any responsibility, whatsoever,
should contract the Hepatitis B Virus infection.**

Signature

Date

Witness

Date

Witness

Date

SUBSTANCE ABUSE POLICY

Signing SRS's Fitness for Duty Agreement is required as a condition for membership

When a member is drawn for random testing in the event of for-cause testing, samples are to be handled with the utmost confidentiality. The chain of custody form should be stamped "Test Immediately" and the test should not be entered on the log.

Pre-membership and post-membership drug testing for members is to be handled by the assistant chief (501) only.

Our members are our most valuable resource. Your health and safety and the quality of your work are of paramount concern to us. Since abusive usage of chemical substances presents a dramatic threat to the safety of the workplace for all members, and the public in general, SRS strives for a drug and alcohol free workforce. When you sign our Fitness for Duty Agreement, you are agreeing to pre-employment drug testing, random testing after employment, and for-cause testing (i.e, in the event of an on-the-job accident or injury). Failure to comply with this agreement is a serious violation of Shelby Rescue Squad's policy and will result in termination and forfeiture of any accrued benefits. Please refer to the Fitness for Duty Agreement.

SRS is firmly committed to a safe and efficient work environment. The use, possession, or distribution of drugs and the use or possession of alcohol is completely inconsistent with the achievements of these objectives. Therefore, our policy is as follows:

DRUG DISTRIBUTION

Any form of distribution of drugs, including sale, is contrary to SRS's policy and will result in the immediate discharge and barring from SRS.. This penalty will be imposed regardless of whether distribution or sale takes place on or off SRS premises and regardless of whether the drugs are sold or distributed to fellow members or non-members. We do not want and will not tolerate drug pushers of any kind in SRS's membership.

DRUG AND ALCOHOL USE

The possession and use of drugs or alcohol on SRS premises is contrary to SRS's policy and will result in the immediate discharge and barring of any individual possession or use of drugs or alcohol in any way affects or could potentially affect and individual's safety and efficient work performance or the overall safety and efficiency of the workplace.

All individuals, property, equipment, and storage areas on SRS property are subject to search. This search includes individuals entering or leaving property and all areas, equipment, personal workplace, and storage facilities, including, but not limited to desks, lunch and tool boxes, lockers, storage bins, etc. All automobiles entering property, and exiting the property, will be subject to search. Any individual refusing to submit to a search of their person, property, vehicle, or controlled area will be discharged and barred from SRS.

DRUG AND ALCOHOL TESTING

Successful completion of pre-employment drug testing is required of all applicants. "For cause" testing will be required in the event of irrational or unusual behavior, injury, accident, or damage to SRS personnel or equipment, gross negligence or carelessness disregard for safety, life, or well being of any person, or reporting to duty or remaining on duty in an apparently unfit condition. Random alcohol/drug testing will be required of members selected by a method that provides an equal possibility that any member will be selected. Applicants deemed not eligible for membership will be referred to appropriate public agencies for counseling or treatment on substance abuse at their own expense. Members terminated on the basis of a positive drug or alcohol test will be referred to Cleveland County's Employee Assistance Program at their own expense.

CONSENT FOR ALCOHOL, DRUG, AND SUBSTANCE ABUSE TESTING

I, _____, understand and acknowledge the policy of Shelby Rescue Squad, Inc. (SRS) to maintain a drug-free work force and working environment. Consistent with this, I accept responsibility to refrain from using illegal or non-prescribed controlled substances at all times during my employment either at or away from the work place as a condition of membership.

I hereby give my consent to allow SRS, or its designee, to collect urine, breath and/or blood samples from me and to conduct necessary tests to determine that presence or use of alcohol, drugs, or controlled substances, and I hereby release and hold harmless SRS from any liability arising out of such tests or its results. I understand that if I refuse to execute this consent I will not be considered for membership. If I am accepted for membership with or without cause and without advanced notice to me at any time. I understand that my failure to take these tests as required or my attempt to invalidate these tests will result in my discharge. And any adulterated sample will be considered the same as a positive test result. In the event any sample tests as low specific gravity (i.e. diluted) an opportunity to donate a second sample *may* be awarded. A second low specific gravity test result will be considered the same as an adulterated sample.

I understand that in the event my pre or post membership test is positive I will be required to provide physician verification for any drug prescribed to me. I also understand that the test of the sample utilizing gas chromatography with mass spectrometry. If I cannot produce physician verification of prescription for any drug I test positive for, I will be deemed not eligible to become a member of SRS and may be referred to appropriate public or private agencies for counseling or treatment on substance abuse at my own expense. I further understand that, if my positive test is in connection with an on-the-job accident or injury, my worker's compensation claim may be denied.

I authorize SRS or it's designated clinic to disclose to N.C Industrial Commission and workman's compensation insurance carrier, N.C Employment Security Commission, N.C Department of Labor, the E.E.O.C any and all information pertaining to my testing and hold harmless SRS and/or its designated clinic.

I also understand that if I violate this agreement in any way, I will forfeit any accrued benefits I may have at the time of such violation.

Signature _____

Date _____

Witness _____

Date _____

PERSONAL DATA

ARE YOU A CITIZEN OF THE UNITED STATES? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW OR FORFITTED COLLATERAL OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSES AGAINST THE LAW? YES _____ NO _____

IF YES PLEASE LIST BELOW

REFERANCE DATA

PLEASE LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE A DEFINITE KNOWLEDGE OF YOUR BACKGROUND. DO NOT USE YOUR SUPERVISERB YOU LISTED IN EMPLOYMENT DATA NOR ANY MEMBER OF SHELBY RESCUE.

NAME _____ HOME
PHONE _____

ADDRESS _____

-

NAME _____ HOME
PHONE _____

ADDRESS _____

-

NAME _____ HOME
PHONE _____

ADDRESS _____

-

DECLARATION OF APPLICANT

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIVES OMMISIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. UPON MY SIGNATURE I WILL GIVE SHELBY RESCUE SQUAD PERMISSION TO INVESTIGATE RECORDS.

APPLICANT SIGNATURE _____

WE THANK YOU FOR MAKING APPLICATION FOR MEMBERSHIP TO THE SHELBY LIFESAVING AND RESCUE UNIT. YOUR APPLICATION WILL BE STUDIED BY THE CAPTAIN, AND PRESENTED TO THE EXECUTIVE COMMITTEE FOR RECCOMENDATION. YOU WILL BE CONTACTED BY THE CAPTAIN AS TO WHEN YOU WILL BE INTERVIEWED BY THE EXECUTIVE COMMITTEE. IF APPROVED FOR RECCOMENDATION BY THE EXECUTIVE COMMITTEE YOU WILL BE VOTED ON BY

EMPLOYMENT DATA

PLACE OF EMPLOYMENT _____

ADDRESS _____

PHONE NUMBER _____
SUPERVISOR _____

YEARS WORKED _____

DO NOT WRITE IN THIS SPACE

DATE APPROVED 12 WEEKS TRIAL _____

SIGNATURE CHIEF _____

SIGNATURE CAPTAIN _____

DATE DISAPPROVED FOR 12 WEEKS TRIAL _____

REASON _____

SIGNATURE CHIEF _____

SIGNATURE CAPTAIN _____

DATE APPROVED FOR FULL MEMBERSHIP _____

DATE DISAPPROVED FOR FULL MEMBERSHIP _____

REASON _____

SIGNATURE CHIEF _____

SIGNATURE CAPTAIN _____

