

Bell County Rescue Squad, INC.

APPLICATION FOR MEMBERSHIP

PRINT ALL INFORMATION – FILL IN ALL BLANKS

NAME: _____ DATE OF BIRTH: ____/____/____

HOME ADDRESS: _____ HOME PHONE: () ____-____

PLACE OF EMPLOYMENT: _____ WORK PHONE: () ____-____

SOCIAL SECURITY # _____

DRIVER LICENSE # _____ LICENSE STATE: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____ BLOOD TYPE: _____

RECOMMENDED BY: _____

PERSONAL / BUSINESS REFERENCES	RELATIONSHIP	PHONE NUMBER
1. _____		
2. _____		
3. _____		

OCCUPATIONAL SPECIALITIES, SPECIAL TRAINING, HOBBIES, ETC.

LIST ANY OTHER VOLUNTEER AGENCIES TO WHICH YOU BELONG: _____

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITIONS THAT MIGHT LIMIT THE TYPE OF RESCUE WORK YOU ARE ABLE TO PERFORM? _____

(OVER)

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TELL US IN YOUR OWN WORDS WHY YOU WANT TO JOIN THE RESCUE SQUAD: _____

HAVE YOU EVER BEEN CHARGED OR ARRESTED FOR ANY VIOLATION OF THE LAW? _____
IF SO, EXPLAIN: _____

TO THE BEST OF MY KNOWLEDGE THE ABOVE STATED INFORMATION IS CORRECT AND COMPLETE. BY SIGNING THIS APPLICATION I GIVE MY AUTHORIZATION TO THE Bell County Rescue Squad, INC. TO INVESTIGATE ANY AND ALL STATEMENTS CONTAINED HEREIN. I ALSO UNDERSTAND THAT WITHHOLDING OR FALSIFYING ANY INFORMATION TO THE ABOVE QUESTIONS IS GROUNDS FOR DISMISSAL.

SIGNED: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

ORIGINAL VOTE

MEMBERSHIP COMMITTEE:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

ACTION RECOMMENDED BY MEMBERSHIP COMMITTEE: _____

DATE PRESENTED FOR VOTE: _____ DISPOSITION OF VOTE: _____

TYPE OF MEMBERSHIP: _____

_____ **VOTE**

ACTION RECOMMENDED BY MEMBERSHIP COMMITTEE: _____

DATE PRESENTED FOR VOTE: _____ DISPOSITION OF VOTE: _____

TYPE OF MEMBERSHIP: _____

_____ **VOTE**

ACTION RECOMMENDED BY MEMBERSHIP COMMITTEE: _____

DATE PRESENTED FOR VOTE: _____ DISPOSITION OF VOTE: _____

TYPE OF MEMBERSHIP: _____

Drug and Alcohol Testing Policy
Bell County Rescue Squad, INC.

It is the policy of the Bell County Rescue Squad that no member shall take part in any Squad activity while in an intoxicated condition, or under the influence of drugs, whether partially or completely so. The nature of our work, which often involves life and death decisions regarding the rescue of individuals, requires judgment, the necessity for clear thinking and physical coordination. To help insure the safety of BCRS members and the patients which we seek to help, we have instituted the following drug testing policies

Prospective members:

Prospective Bell County Rescue Squad members will be required to take and pass drug test, upon receiving an affirmative vote for full membership. Conferring of full membership is contingent upon passing drug test. This test is to be administered within one week of said vote.

Driver testing:

Drivers of BCRS vehicles involved in a crash involving injury to any person, or damage to vehicles or property may be required to submit to a drug and/or alcohol test. Executive officer in charge at time of incident will be responsible for decision of whether a drug and/or alcohol test should be administered. If practical, executive officer in charge will confer with other executive committee members in reaching a decision.

Random drug tests:

Once a month a random drug test will be administered. Method of selection will be by drawing. Names of all full BCRS members will be placed in a container, and a name then selected. Test should be administered as soon as practical, following selection.

Non-random testing:

If there is sufficient probable cause to believe a member is using an illegal drug, the Executive Committee will consider the issue and make a determination of whether there is sufficient probable cause to warrant a drug and/or alcohol test. Any evidence and the determination will be held in confidence pending the results. If test results are negative, no mention of action will be made in member's personnel folder.

All drug tests will be administered by urinalysis. Alcohol tests will be either by breath analyzer or blood test. A positive drug or alcohol test is cause for dismissal. Refusal to take any drug or alcohol test required by BCRS drug policy is cause for dismissal.

I the undersigned, have read, understand and do here-by agree by the Bell County Rescue Squad's drug and alcohol testing policy:

Signature

Date



REQUEST FOR CONVICTION RECORDS
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to KRS 17.167, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Organization Name and Address

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment or a volunteer position with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

I have applied for a position with the above stated organization.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 Last First Middle Maiden

ADDRESS: _____
 Street City State Zip

SEX _____ RACE _____ DATE OF BIRTH _____ SOC SEC NO _____

Signature Date Witness Date

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal History Dissemination Section
1250 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>