



Membership Application Packet

Shapleigh Fire Rescue

Volunteers Serving the Community Since 1958

Fire Rescue Applicant, we are very pleased that you are considering submitting an application to volunteer for Shapleigh Fire Rescue. For your reference and convenience, a checklist of information, including procedures and requirements, is included. However, we would like to add some other information here. There are two primary types of volunteers in Shapleigh:

1. Shapleigh Rescue Squad that provide patient care and rescue services.
2. Shapleigh Fire Department that provides fire suppression and rescue services.

Volunteering as a fire rescue member is probably very different from any volunteering you have ever done. Volunteering as a fire rescue member takes a significant amount of time, requires uncommon dedication, and can involve significant emotional stress. We urge you to consider your application very carefully. Our behind-the-scenes administrative, fundraising, and support volunteers are key to furthering our crucial mission. The hard work of these individuals brings in needed funding, operates a busy administrative office, and supports the logistical needs of a complex organization. Volunteering opportunities for support members can be tailored to your interests, abilities, and schedule.

We recommend that part of your consideration in becoming a member of the Shapleigh Fire Department or Shapleigh Rescue Squad include a visit to our station. We encourage you to meet our members, look at our medical and rescue equipment, and explore our fleet and facilities. You can learn about the history and present operations of Shapleigh Fire and Shapleigh Rescue online at www.shapleigh.net

Applications are considered active for 90 days from the date of their receipt. For us to act on your application, you must attend a meeting of the Membership Committee at our Fire Rescue Station located at 506 Shapleigh Corner Rd. Shapleigh, Maine. 04076

Please do not hesitate to call or e-mail if we can be of any assistance to you with your application.

Thank you for your interest in Shapleigh Fire Rescue. We look forward to receiving your application.

Sincerely,

Kevin Romano *AAS, NRP, I./C, Fire Chief*

Lindsey Lacourse *NRP, Rescue Chief*

Mission Statement 2020

“The Shapleigh Fire Department will provide emergency response to any and all fire related and technical rescue emergencies. Shapleigh Rescue will provide emergency medical services to the communities in which we serve. Its members will provide timely response and transport to the appropriate medical facility based on the patient’s condition and or needs. Whenever we are called upon, we will be there. When other communities are in need, we will respond. We will be ever vigilant at all times. We will provide the highest level of patient care possible. We will always maintain a high degree of professionalism as well as maintaining respect for the patient and their privacy. We will always act in the patient’s best interest. Through team work, dedication, compassion and education, we will evolve and maintain a pinnacle position in the field of public safety.”

Application Information and Checklist

APPLICANTS TO SHAPLEIGH FIRE RESCUE MUST:

- Submit a fully completed and signed application. A completed application includes all supporting materials listed below. **Incomplete applications will not be considered.**
- Sign the volunteer service commitment when applying for membership.
- Add 4 references to application.
- Provide a current copy of your immunization record. The forms are attached.
- Present a photocopy of your driver's license, EMS certification, CPR card, and any other current fire/rescue/EMS certifications you possess.
- Submit your application via U.S. Mail or to the Fire or Rescue Chief mailbox in a sealed envelope at the Shapleigh Public Safety Building.

PLEASE DO NOT APPLY IF:

- Not applicable to some associate-support positions.
- You are unable to meet the time commitment.
- You are not at least 18 years of age.
- You are not immediately available to begin the orientation and membership process.

Typical Membership Process:

1. You must first submit a **COMPLETE** application, with all required attachments.
2. Background check
3. Medical Clearance/Physical (Workwell Occupational Health, Biddeford)
4. Immunization Records
5. Skills/Assessment evaluation
6. Oral Board Interview

Application Form:

Whether dropped off or mailed, your application must be in a sealed envelope. Your application should be fully completed when submitted. Your references should also be attached to the application.

References:

We require 4 references

3 Professional

1 Personal

You may only use 1 member from the squad as a reference.

Types of Membership:

1. Volunteer (Paid on call)
2. Per Diem (Rescue)

Correspondence Address

Shapleigh Fire Department
PO Box 15
Shapleigh ME, 04076

Shapleigh Rescue Squad
PO. Box 51
Shapleigh ME, 04076

506 Shapleigh Corner Road • Shapleigh, Maine. 04076

Active Membership Volunteer Service Commitment

I _____, on my honor, hereby commit
to: (Print Full Name Here)

Fire Department:

- Attend monthly business meetings and educational meetings
- Attend monthly truck and equipment checks
- Maintain patient confidentiality.
- Comply with SOG/SOP's of Shapleigh Fire Department, the Town of Shapleigh, and the direction of officers

Shapleigh Rescue:

- Attend monthly business and continuing education meetings.
- Maintain EMS certification and complete all required skills drills.
- Comply with the SOG/SOP of the organization, SRS policies and procedures, and the direction of the Officers.
- Maintain patient confidentiality.

I understand membership in the Shapleigh Rescue Squad is at-will and may be terminated at any time with or without cause by the SRS Committee.

Signature of Applicant

Date

APPLICATION FOR MEMBERSHIP

The Town of Shapleigh, Rescue Squad, Fire Department does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

I am applying as:

- Fire Department Member
- Rescue Squad Member
- Rescue Squad Per Diem
- Other _____

LEGAL NAME: _____

PREFER TO BE CALLED: _____

Last First Middle (Complete) _____

PERMANENT HOME ADDRESS:

Number and Street

City County State ZIP

Mailing Address: City, County, State, ZIP

PERMANENT HOME TELEPHONE: _____

DAYTIME TELEPHONE: _____

Cell TELEPHONE: _____

Pager: _____

E-MAIL ADDRESS: _____

Social Security Number: _____

ARE YOU 18 OR MORE YEARS OF AGE? _____

Date of Birth: _____

Maine EMS License NUMBER/Exp.: _____

NATIONAL REGISTRY NUMBER/Exp.: _____

Drivers License number: _____ State: _____ Exp.: ____/____/____

Class: _____ Restrictions: _____

PLEASE LIST ANY EMS/RESCUE/FIRE RELATED SKILLS, CERTIFICATION, OR PROFESSIONAL MEMBERSHIPS THAT YOU HAVE:

HAVE YOU EVER BEEN AN APPLICANT TO OR MEMBER OF THIS RESCUE AGENCY? _____ YES _____ NO

IF SO, PLEASE STATE DATES OF EMPLOYMENT OR APPLICATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? _____ YES _____ NO

LIST ANY CRIMINAL CHARGES THAT HAVE BEEN BROUGHT AGAINST YOU, EXCEPT THOSE THAT HAVE RESULTED IN A FINDING OF NOT GUILTY OR A COMPLETE DISMISSAL.

(PLEASE USE A SEPARATE SHEET.)

HIGH SCHOOL:

YEARS COMPLETED (CIRCLE ONE) 1 2 3 4

DIPLOMA: _____ YES _____ NO

GED: _____ YES _____ NO

SCHOOL: _____

CITY/STATE: _____

UNIVERSITY/VOCATIONAL SCHOOL:

YEARS COMPLETED (CIRCLE ONE) 1 2 3 4

DEGREES EARNED: _____

SCHOOL: _____

CITY/STATE: _____

MAJOR: _____

OTHER TRAINING OR DEGREES:

SCHOOL: _____

CITY/STATE: _____

MAJOR: _____

COURSE(S):

SCHOOL YOU ATTEND NOW: _____

EXPECTED DATE OF GRADUATION: _____

AREA OF ACADEMIC CONCENTRATION / MAJOR: _____

DEGREE GOAL:

POSSIBLE CAREER / POST GRADUATION PLANS:

MEMS License #: _____ exp: _____

Water Rescue Cert Level: _____ exp: _____

Swift Water Rescue Level: _____ exp: _____

Ice Rescue Level: _____ exp: _____

Firefighter 1: _____

Firefighter 2: _____

Fire Officer: _____

Fire Instructor: _____

Pumps 1 or 2: _____

EVOC/AVOC: _____ Course Date: _____

NREMT Cert #: _____ exp: _____

AMLS: _____ exp: _____

ACLS: _____ exp: _____

PEPP: _____ exp: _____

PALS: _____ exp: _____

NALS: _____ exp: _____

GEMS: _____ exp: _____

ATT: _____ exp: _____

CPR: _____ exp: _____

PHTLS: _____ exp: _____

ITLS: _____ exp: _____

Employment History:

DATES OF EMPLOYMENT: FROM _____ **TO** _____

POSITION: _____

EMPLOYER: _____

ADDRESS:

TELEPHONE: _____

SUPERVISOR: _____

WEEKLY HOURS: _____

FULL TIME: _____ **PART TIME:** _____

DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM _____ **TO** _____

POSITION: _____

EMPLOYER: _____

ADDRESS:

TELEPHONE: _____

SUPERVISOR: _____

WEEKLY HOURS: _____

FULL TIME: _____ **PART TIME:** _____

DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM _____ TO _____

POSITION: _____

EMPLOYER: _____

ADDRESS:

TELEPHONE: _____

SUPERVISOR: _____

WEEKLY HOURS: _____

FULL TIME: _____ **PART TIME:** _____

DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM _____ TO _____

POSITION: _____

EMPLOYER: _____

ADDRESS:

TELEPHONE: _____

SUPERVISOR: _____

WEEKLY HOURS: _____

FULL TIME: _____ **PART TIME:** _____

DUTIES:

REASON FOR LEAVING:

If you wish to describe additional work experience, please attach additional pages. Please explain any gaps in work history.

HAVE YOU EVER BEEN DISCHARGED, RESIGNED FROM A JOB (INCLUDING A VOLUNTEER FIRE OR RESCUE AGENCY) , OR ASKED TO RESIGN TO AVOID TERMINATION?

_____ YES _____ NO

IF YES, PLEASE EXPLAIN.

*Please list 4 references. **Please do not include more than one reference from a SRS member, non references from persons that have known you less than one year.***

NAME: _____

PHONE: _____

ADDRESS: _____

STREET NUMBER CITY STATE ZIP

NAME: _____

PHONE: _____

ADDRESS: _____

STREET NUMBER CITY STATE ZIP

NAME: _____

PHONE: _____

ADDRESS: _____

STREET NUMBER CITY STATE ZIP

NAME: _____

PHONE: _____

ADDRESS: _____

STREET NUMBER CITY STATE ZIP

Applicant Certification of Authenticity

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Shapleigh Fire Department, Shapleigh Rescue Squad and its Officers to verify accuracy and to obtain reference information by contacting educational institutions, references or employers, and past employers, and current or former fire and rescue agencies, and to rely on and use such information as they see fit.

I hereby release the Shapleigh Fire Department, Shapleigh Rescue Squad, and their Officers from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of the Shapleigh Fire Department and/or the Shapleigh Rescue Squad.

I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of time of discovery, shall be considered sufficient basis for dismissal. I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of the departments, as well as any and all policies set forth by the Town of Shapleigh.

I further understand, however, that neither the policies, rules, regulations of membership nor anything said during the application and interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and is at-will and that either I, the Shapleigh Fire Department, or the Shapleigh Rescue Squad may terminate my membership at any time with or without notice or cause.

I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by respective department requirements.

Printed Name of Applicant:

Signature of Applicant:

Date:

This application is valid for 90 days from the date received. If not acted upon within 90 days you must submit an updated application.

Office Use Only:		
Application Received:	Date:	Signature:
Interview Scheduled:	Date:	Signature:
Membership:	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/> Why?
Call #:	Paperwork Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Town of Shapleigh – Background Check Authorization Form

All information will be kept strictly confidential

Name

First	Middle	Last
-------	--------	------

Address

Street	City	State	Zip
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Maiden Name or Other Names Used

Date of Birth _____

Social Security # _____ Driver's License # _____

Have you ever been arrested or convicted for any criminal offense excluding minor traffic violations? _____

Have you ever been accused, arrested, or convicted of abuse or sexually related crimes? _____

Is there anything in your life-style or background that would call into question your ability? _____

If you answered yes to any of these questions, please explain:

Please note: Answering "yes" to any of these questions does not automatically disqualify you. Please use the spaces provided to explain the circumstances.

I hereby authorize The Town of Shapleigh to make an independent investigation of my background and/or criminal police records. I release The Town of Shapleigh, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above sources. The information contained in this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of this application.

Signature _____ Date _____

Please write any questions or comments you have on the back of this sheet.