SAVES

SOUTHEASTERN ADAMS VOLUNTEER EMERGENCY SERVICES INC.
ADAMS COUNTY COMPANY 29

5865 Hanover Road • Hanover, PA 17331-8966 • Phone (717) 637-9621 • www.company29.org

Dear Applicant,

Thank you for your interest in the Southeastern Adams Volunteer Emergency Services organization. As you complete the application, please follow these guidelines.

- Print clearly or type all requested information. Be sure to fill out the application completely.
- Be advised that you may not attend any meetings of our organization until you have been approved for membership.
- You and at least one parent or guardian will be required to have an applicant interview with the Membership Committee before your application is finalized. In the case of shared custody, a parent/guardian with at least 50% custody must sign this application and attend the interview. Someone will contact you to set up a time for the interview.
- You will also need the signatures of your principal, if you attend school in person.
- Be sure you and your parent/guardian sign, date, and provide information on the Authorization and Consent for Release of Information and Photo Release Authorization sections as requested to avoid any delay in processing the application.
- **14- & 15-Year Olds Only** – A parent or guardian must complete the Parental Permission for Time Extension section. A completed Pennsylvania Department of Labor and Industry Form LLC-75, *Parental Acknowledgement of Minor's Duties and Hours of Employment*, will be provided by SAVES at the time of the applicant interview and must be signed by the parent/guardian.
- You ***MUST*** obtain a work permit from your school and submit a clear copy with your application, if possible, but no later than the time of the applicant interview. The original work permit should be retained by you.
- Completed applications and fees must be returned to (packets may be mailed or sealed and dropped off):

Southeastern Adams Volunteer Emergency Services, Inc.
c/o Membership Committee
5865 Hanover Road
Hanover, PA 17331

- This cover page may be kept for your records and need not be returned with your application.
- After your application has been reviewed and an interview completed, you will be notified in writing of the resulting decision.

Thank you and we look forward to receiving your application!

Joseph Donohue
Membership Secretary
membersec@company29.org



SAVES

Southeastern Adams Volunteer Emergency Services, Inc.

Adams County Company 29

5865 Hanover Road • Hanover, PA 17331-8966
Phone (717) 637-9621 www.company29.org

SAVES USE ONLY

Date Application Received: _____

Contacted for Interview: _____

Interview Date/Time: _____

Date Proposed to Company: _____

Approved: ☐ Disapproved: ☐

Date Welcome Packet Mailed: _____

Orientation Requirements Met: _____

APPLICATION FOR JUNIOR VOLUNTEER MEMBERSHIP

Please check which interest(s) you have with SAVES

Fire/Rescue: ☐ Emergency Medical Services (EMS): ☐ Support Member: ☐

☐ Check here if you were a previous member of SAVES and are applying for reinstatement

Name: _____
Last First Middle Preferred Name

Social Security #: _____ Date of Birth: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____
(if applicable)

Emergency Contact Person: _____ Phone: _____

School district you attend/reside in: _____

Do you belong to the Adams County Volunteer Emergency Services Association (ACVESA) through any other company?

Yes: ☐ No: ☐ If yes, provide company name: _____

Have you ever been convicted of a felony or misdemeanor?

Yes: ☐ No: ☐ If yes, explain in detail: _____
Attach additional sheets if necessary

Application Fee: $10.00 (non-refundable) Dues: $10.00 **Total due with application: $20.00**

Upon acceptance into membership, all applicants will serve a six-month probation period. Active junior members will automatically be converted to adult membership upon graduating from high school or reaching their 18th birthday.

The undersigned, by this indenture, hereby agrees to exonerate SAVES from any and all liability in the event of injury or death as a result of the performance of my duties as a member of aforesaid company.

I, the undersigned applicant, do hereby certify that the information provided by me in this application for the purpose of membership is true and complete to the best of my knowledge. I understand that any false statements will be considered as possible cause for denial of my application or, if I am granted membership, dismissal from the Company. The parent/guardian signing below hereby authorizes the above-named minor in their custody to make this application.

Signature of junior applicant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Parent or Guardian Information:

Parent or Guardian with whom you reside at least 50% of the time:

Name *(first and last)*: _____ Relationship: _____

Contact Information Primary phone: _____ Secondary phone: _____ *(emergency use only)* Primary email: _____

Additional Parent or Guardian, if applicable:

Name *(first and last)*: _____ Relationship: _____

Address *(if different)*: _____

Contact Information Primary phone: _____ Secondary phone: _____ *(emergency use only)* Primary email: _____

List any firefighting or EMS organizations within which you have been or are currently a member:

Name of Company: _____ Date Joined: _____ End Date: _____

Phone: _____ Reason for Leaving: _____

Attach additional sheets if necessary

List other extracurricular activities, in or out of school, in which you participate:

Name of Activity: _____

When does this activity occur? _____
List time of day and season(s), as applicable

Name of Activity: _____

When does this activity occur? _____
List time of day and season(s), as applicable

Name of Activity: _____

When does this activity occur? _____
List time of day and season(s), as applicable

Attach additional sheets if necessary

List one reference, other than relatives:

Name: _____ Phone: _____ Years acquainted: _____

Address: _____

List Educational Experience:

Current School Attended: _____ Current Grade: _____

School Address: _____

Enrollment Status Full-time: ☐ *(includes dual enrollment)* Part-time: ☐ *(includes work release)* Anticipated graduation: _____

Principal Approval:

My signature below confirms that the student listed in this application is in good standing with the school listed above and I approve of the student joining Southeastern Adams Volunteer Emergency Services as an extracurricular activity.

Principal: _____ Printed Name _____ Signature _____ Date

SOUTHEASTERN ADAMS VOLUNTEER EMERGENCY SERVICES, INC.

Authorization and Consent for Release of Information Employment/Membership

Thank you for your application with **SAVES** (hereinafter referred to as the Company). As a condition of employment/membership and/or continued employment/membership, all applicants consent to authorize a pre-employment/pre-membership verification of their background, including, but not limited to information submitted on their application or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment/membership is true and complete to the best of my knowledge. I understand that if I am employed/granted membership, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Company may now, or at any time while I am employed, or am a member, conduct a verification of my education, previous employment/work history, credit history, motor vehicle records, contact personal references, obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province or any information as deemed necessary to fulfil the job/membership requirements.

I authorize the Company and any of its agents/designated company personnel or affiliates, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives of the Company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and agencies to provide the Company with all information that may be requested. I agree that any copy of this document is as valid as the original.

PLEASE COMPLETE THE INFORMATION BELOW:

Applicant Name (printed): _____ **Date of Birth:** _____ **SSN:** _____

Full Address: _____ **State and Driver's License # :** _____

_____

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

PHOTO RELEASE AUTHORIZATION

My selection and signature below indicates my agreement or refusal to allow the minor in my custody named in this application to be photographed and/or video recorded in connection with Southeastern Adams Volunteer Emergency Services' activities. Such photographs and video recordings may be used on the SAVES website, Facebook page, Instagram, recruitment posters, flyers, brochures, or any other public relations mediums, now or in the future. Every effort will be made to utilize any photographs and/or video recordings in a manner that reflects positively on both the junior member and the Company.

NOTE: Refusals made here do not apply to any photographs or video recordings made by unaffiliated third parties during public events or emergency calls.

☐ Yes, my junior member can be photographed or video recorded.

☐ No, I would not like my junior member to be photographed or video recorded.

Signature of Parent or Legal Guardian: _____ Date: _____

As the junior member applicant, please sign below that you will respect the decision of your parent or guardian regarding photographs or video recordings being taken.

Signature of Junior Applicant: _____ Date: _____

PARENTAL PERMISSION FOR TIME EXTENSION

14- or 15-year-old Junior Members Only

The Pennsylvania Child Labor Law sets the end time for children under the age of 16 at 7:00 p.m. on a day preceding a regularly scheduled school day. With parental permission, the law allows a 14- or 15-year-old child to participate in Southeastern Adams Volunteer Emergency Services functions until 10:00 p.m. on those days. Based upon the answer below, a Pennsylvania Department of Labor and Industry Form LLC-75, *Parental Acknowledgement of Minor's Duties and Hours of Employment*, will be completed by SAVES and must be signed by the parent or guardian at the time of the applicant interview. Granting permission below does not prevent a parent or guardian from making end time decisions on a case-by-case basis but is required if the minor will at any time participate after the 7:00 p.m. statutory limit.

☐ **I grant** permission to my child for the time extension.

☐ **I do not grant** permission to my child for the time extension.

Signature of Parent/Legal Guardian: _____ Date: _____