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.

- If you are an applicant under the age of 18, SAVES has a Junior Application packet to use instead of this application.
- Print clearly or type all requested information.
- Be sure to fill out the application completely.
- Be sure to sign, date and provide information on the Authorization and Consent for Release of Information form as requested to avoid any delay in processing the application.
- Be advised that you may not attend any meetings of our organization until you have been approved for membership.
- You will be required to have an interview with the Membership Committee before your application is finalized. Someone will contact you to set up a time for the interview.
- 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

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Volunteer Emergency Services, Inc.

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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 ADULT VOLUNTEER MEMBERSHIP

Please check which interest(s) you have with SAVES

Fire/Rescue: ☐ Fire Police: ☐ 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 Maiden

Social Security #: _____ Date of Birth: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Person: _____ Phone: _____

Proposed by SAVES member (if applicable): _____

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.

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.

Signature of applicant: _____ Date: _____

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: _____

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

Phone: _____ Reason for Leaving: _____

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

Phone: _____ Reason for Leaving: _____

Attach additional sheets if necessary

List other social or civic organizations within which you are a current or former member (last 10 years):

Name of Organization: _____ Date Joined: _____ End Date: _____

Phone: _____ Reason for Leaving: _____

Name of Organization: _____ Date Joined: _____ End Date: _____

Phone: _____ Reason for Leaving: _____

Name of Organization: _____ Date Joined: _____ End Date: _____

Phone: _____ Reason for Leaving: _____

Attach additional sheets if necessary

List Educational Experience:

Most Recent School Attended: _____ Highest Grade Completed: _____

School Address: _____

Enrollment Status Graduated: ☐ Currently Enrolled: ☐ Not Enrolled: ☐ Major: _____

List three references, other than relatives:

Name: _____ Phone: _____ Years acquainted: _____

Address: _____

Name: _____ Phone: _____ Years acquainted: _____

Address: _____

Name: _____ Phone: _____ Years acquainted: _____

Address: _____

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:

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

Signature: _____ **Date:** _____

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