

CYPRESS CREEK EMS

APPLICATION FOR VOLUNTEER MEMBERSHIP

Cypress Creek EMS offers equal opportunity membership and does not unlawfully discriminate. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for membership on a basis prohibited by local, state, or federal law. Equal access to membership, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. If selected for membership, all information listed on this application is subject to verification.

Certain positions may require any or all of the following as a part of the application and selection process: criminal background check, motor vehicle record check, physical agility evaluation. Following a conditional offer of membership, a physical exam and drug/alcohol test may be required.

APPLICATION INSTRUCTIONS

1. Fill in all information areas completely and accurately. Please do not leave any area blank. If the requested information does not apply to you, mark the blank 'N/A'. Incomplete applications will not be considered. Please leave all pages attached.
2. CCEMS Attach photocopies of your TDH certification/license and other appropriate credentials.
3. Return your completed application to:

Recruitment and Volunteer Services
Cypress Creek EMS
7111 Five Forks Dr
Spring, Texas 77379-4101
281-655-0414 Fax
hpichette@ccems.com

4. Questions regarding the volunteer application and selection process should be directed to:

Recruitment and Volunteer Services Coordinator
(o) 281-378-0800, ext. 832 or (c) 936-647-5623



When Seconds Count... Count on Us!

Applicant name (last, first, middle): _____ Date: _____

Address: _____

Eve. Phone #: _____ Day Phone #: _____ Email: _____

Cell #: _____ E-mail Address: _____

Type of position desired: _____ medical care provider _____ non-medical driver

If medical, are you certified/licensed by the Texas Dept. of Health? _____ Yes _____ No

If so, at what level? _____

TDH Personnel #: _____ Exp. Date: _____

If non-medical, are you at least 25 years of age? _____ Yes _____ No

Have you volunteered for or been employed by CCEMS in the past? _____ Yes _____ No

Have you ever been convicted of a crime in an adult court? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

How were you referred to us? _____

Other Skills and Qualifications

Summarize any relevant experience, training, licenses, certificates, and/or other qualifications:

References

List four people who know you well enough to provide current information about you. Do not list relatives.

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Years Known: _____ Day Phone: _____

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Years Known: _____ Day Phone: _____

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Years Known: _____ Day Phone: _____

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Years Known: _____ Day Phone: _____

DISCLOSURE OF CONDITIONS AND BACKGROUND RESEARCH RELEASE

Please read this section carefully. Your signature in the space below acknowledges your acceptance of the following conditions:

Consent To Conduct Background Investigation

I give permission to Cypress Creek EMS to investigate my personal references, criminal history, and motor vehicle record. I understand that this background investigation will include, but not be limited to, verification of all information on this application. I further give permission to Cypress Creek EMS to conduct this investigation and to discuss the results of this investigation in connection with my application for membership.

Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of Cypress Creek EMS to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate Cypress Creek EMS as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

Cooperation with Investigation

I agree to fully cooperate in Cypress Creek EMS's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

Consent for Drug and Alcohol Testing

I understand that any offer of membership made to me by Cypress Creek EMS may be conditional upon my successful completion of testing for illegal drug and alcohol presence. I consent to providing an unadulterated sample of my test substance to the designated Cypress Creek EMS testing provider for the purpose of testing for the presence of illegal or unauthorized substances in my system. I consent to allowing the results of all testing and screening to be communicated to the administrative officials of Cypress Creek EMS and will become a part of my record. In consideration of Cypress Creek EMS' review of my application, I hereby release any individual, entity, and Cypress Creek EMS from all claims or liabilities that might arise from the drug test or the disclosure of its results.

Consent for Testing and Evaluation

I agree to fully cooperate in Cypress Creek EMS's candidate evaluation program. This may include knowledge testing, performance scenarios, interview panels, and physical agility evaluation. I understand that failure to participate in all required evaluations may eliminate me from membership consideration.

Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of membership, for immediate dismissal.

Membership "At Will"

In consideration of my volunteer membership, I agree to conform to the rules and regulations of Cypress Creek EMS, and my membership is "at will" in that I can be terminated with or without cause, and with or without notice, at any time, at the option of either Cypress Creek EMS or myself, except as otherwise provided by law.

I certify that all of the statements made by me on this application for volunteer membership are true, correct, and complete to the best of my knowledge. I represent and warrant that I have read and fully understand the foregoing, and that I seek volunteer membership under these conditions.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____