

PRINCE FREDERICK VOLUNTEER RESCUE SQUAD, INC.

P.O. Box 346

Prince Frederick, Maryland 20678

Application Packet

The forms on the following pages must be filled out and turned into the Membership Committee before you are considered for membership.

Please attend the Membership Committee meeting the Sunday before the monthly meeting at 6pm.

Forms to be completed:

- Application for Membership
- Background Investigation Form
- Request for Fingerprints
- Request to add Member to New World and eMEDS
- Pat Tag & ID card request form
- Computer usage Policy Acknowledgement
- Respiratory Medical Evaluation Form
- Affiliation Verification (if applicable)
- LOSAP Affiliation Form (if applicable)
- Acknowledgement of Rules

Documentation to be provided:

- Copy of your driver's license
- Copy of your driving record
- Copy of any training certificate

For additional information, please call the Membership Chair Tara McLane at 443-532-8540.

APPLICATION FOR MEMBERSHIP

Name of Department: PRINCE FREDERICK VOL. RESCUE SQUAD, CO. 4

APPLICANT PLEASE READ:

Please print in ink or use a typewriter. All information submitted is subject to verification. A false statement may result in disqualification for membership either now or at a later date.

TYPE OF APPLICATION: NEW REINSTATE TRANSFER OTHER

TYPE OF MEMBERSHIP: _____ REGULAR _____ JUNIOR _____ ADMINISTRATIVE _____ OTHER

FULL NAME:

Last _____ First _____ M.I. _____

ADDRESS: _____
Street

_____, MD _____ _____ - _____ - _____
City State Zip Code Social Security Number

DATE OF BIRTH _____ MAILING ADDRESS _____

PHONE () _____ () _____
Home Work

Email

() _____
Pager

Have you ever been convicted of a misdemeanor or felony or are you under charge for a misdemeanor or felony?
 () Yes () No If yes, list all offenses, dates, places and actions taken:

Note: A conviction will not automatically exclude you from becoming a member. The nature of the conviction and date it occurred is important. Please provide all the facts so that a decision can be made.

EDUCATION

HIGH SCHOOL: _____ Years Attended: _____ Date Graduated: _____

COLLEGE : _____ Years _____ Number of Credits _____
 Attended: _____ or Date Graduated: _____

FIRE /EMS TRAINING AND COURSEWORK COMPLETED: Please attach copies of any certifications

Type and Name of Course	School	Date
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USE ADDITIONAL PAGES, IF NECESSARY

EMPLOYMENT INFORMATION

Current Employer: _____ Supervisor's Name _____

Address: _____
Street City State Zip

Reason for Leaving: _____

Employer: _____ Supervisor's Name _____

Address: _____
Street City State Zip

Reason for Leaving: _____

Employer: _____ Supervisor's Name _____

Address: _____
Street City State Zip

Reason for Leaving: _____

Employer: _____ Supervisor's Name _____

Address: _____
Street City State Zip

Reason for Leaving: _____

Employer: _____ Supervisor's Name _____

Address: _____
Street City State Zip

Reason for Leaving: _____

List at least five (5) years of employment or explain if you do not have five years of employment. Attach another sheet if necessary.

LICENSES

Do you have a valid Maryland Driver's License? () YES () NO

Driver's License Number _____ CLASS _____

Have you ever been convicted or posted collateral/bail for any traffic violation?

() YES () NO If yes, list all such offenses with date, place and action taken.

ADDITIONAL INFORMATION

Are you a member of another Fire Department or Rescue Squad in Calvert County? () YES () NO

Have you ever been a member of another Fire Department or Rescue Squad? () YES () NO

Has your employment or voluntary service in any Fire Department or Rescue Squad been terminated for any reason other than retirement or VOLUNTARY resignation? () YES () NO

If yes, please explain: _____

Attach a list of all fire departments or rescue squads to which you were either a paid or volunteer member. Indicate dates (from/to), any offices held and any training taken.

List TWO REFERENCES (Who Are Not Relatives or Former Employers):

Name: _____ Name: _____

Address: _____ Address: _____

Phone (work) _____ Phone (work) _____

(Home) _____ (Home) _____

Physician's Name: _____

Date of Last Physical: _____

In Case of an Emergency, Notify:

Name	Relationship	Phone
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PLEASE READ CAREFULLY:

In submitting this application for membership to the Department, I authorize investigation of all statements contained therein. I hereby authorize the Department to make any contacts considered necessary to me becoming a member, such as previous employers, educational institutions, medical facilities and practitioners, criminal records, etc. I authorize any person or organization whose name I have given as a Character reference or by whom I have been previously employed and any educational institution, which I stated I attended, to furnish the Department any information, they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damage or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application or for separation from the Department as a member at any time.

I understand that this application is the property of the Department and will become part of my personnel file if I am accepted as a member. Driving record checks may be required. This will also depend on the insurance company's requirements. I hereby authorize the Department to obtain a complete driving history.

POLICY STATEMENT: The Department is an equal opportunity organization and shall not discriminate against any member or applicant for membership because of age, sex, marital status, national origin, religion, race, or physical or mental handicap unrelated to the performance of the job, or any other prohibited reason. The Membership Committee will select successful applicants after a full review of this application and additional information developed during background checks. Applicants may be disqualified for criminal conduct.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____
(Required if applicant is less than 18 years of age.)



STATE OF MARYLAND
DEPARTMENT OF STATE POLICE
OFFICE OF THE STATE FIRE MARSHAL

<http://mdsp.org/firemarshal>



REQUEST FOR CRIMINAL RECORD CHECK

Public Safety Article, Title 6, Subtitle 3, 6-306 of the Maryland Code states "subject to Title 10, Subtitle 2 of the Criminal Procedure Article, fire departments and rescue squads of the State or any of its political subdivisions and volunteer fire companies and rescue squads may request a criminal record check on an applicant for employment or appointment as a volunteer or paid firefighter, rescue squad member or paramedic."

Requesting Department:					
Department Address:					
City:		State:		Zip Code:	
Signature of Department President or Chief		Date			
Applicant Full Name:			Social Security #:		
Date of Birth:			Race:		Sex:
Driver's License #:			State Issued:		
Home Address:					
City:		State:		Zip Code:	
Home Phone:			Email:		
Have you ever been convicted of any crime?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If yes, explain:		
I, _____, authorize the State Fire Marshal's Office to conduct a criminal record search.					
Signature of Applicant			Date		

FOR OFFICE OF STATE FIRE MARSHAL USE ONLY

<input type="checkbox"/>	A Criminal Justice Information System (CJIS) record check indicated the applicant appears to have no known criminal record.
<input type="checkbox"/>	A Criminal Justice Information System (CJIS) record check indicates that the applicant appears to have a known criminal record.
Signature & ID Number of OSFM Employee	Date



**CALVERT COUNTY GOVERNMENT
REQUEST FOR FINGERPRINTS FORM**

for

STATE OF MARYLAND

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

(PLEASE PRINT CLEARLY)

Name:

Date of birth: SSN: Gender: ☐ Male ☐ Female (Please check)

Height: ft. in. Weight: lbs. Eye Color: Hair Color:

Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other (Please check)

Place of birth: Citizenship:

Current address:

City: State: ZIP Code:

Daytime Phone: Evening Phone:

Driver's License #:

AGENCY INFORMATION

Agency Authorization Number: **9300003344**

ORI # (if required): **MD0030700**

Reason fingerprinted: **FIRE/EMS/RESCUE DEPT**

Position applied for: **VOLUNTEER WITH CALVERTY COUNTY FIRE/RESCUE COMPANY** _____

Request Type: (Choose one ONLY)

- ☐ Adult Dependent Care
- ☐ Attorney/Client
- ☐ Child Care
- ☐ Criminal Justice
- ☐ Gold Seal/Adoption
- ☐ Gold Seal/Letter/VISA
- ☐ Government Employment

- ☐ Government Licensing or Certification
- ☐ Immigration/VISA
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ MSP Licensing
- ☐ Private Party Petition
- ☐ Public Housing

I hereby declare or affirm under Penalty or Perjury, that I ☐ have ☐ have not been convicted, received a probation before judgment, received a not criminally responsible disposition, and that I ☐ am ☐ am not the subject of pending criminal charges. I further declare or affirm that I am the applicant whose signature appears below.

Signature of applicant: _____ Date: _____

Please bring this form and picture identification with you to the

Office of Personnel – County Services Plaza, 150 Main Street, Prince Frederick, MD 20678.

REQUEST TO ADD MEMBER TO NEW WORLD & eMEDS

All information below is required to add a new member. In addition each new or transferring member 18 y/o+ must complete a background unless they have complete the Calvert County Fire-Rescue-EMS background process with another department.

Department

Membership Date
(mm/dd/yyyy)

Last Name

First Name

Suffix

Date of Birth (mm/dd/yyyy)

Social Security Number

Firefighter 1 or EMTB?
YES or NO

If YES, must attach copy of card

Date of certification
(mm/dd/yyyy)

Provider ID#

Ever been a member in Calvert County
before?
YES or NO

If YES, what
station(s)?

Email address

needed for all MIEMSS providers for eMEDS





CALVERT COUNTY FIRE RESCUE EMS DEPARTMENT
175 MAIN STREET, PRINCE FREDERICK, MD 20768
PHONE: 410-535-1600 x2368 | FAX: 443-486-4074



PAT TAG & ID Card Request Form

ID CARD ☐

PAT TAG ☐

DEPARTMENT MEMBERSHIP:

1 2 3 4 (Please Circle) 5 6 7 10 12

DEPARTMENT MEMBERSHIP STATUS (PLEASE CHECK)

ACTIVE: ☐

ASSOCIATE: ☐

CADET/JUNIOR: ☐

CHARTER: ☐

LIFE: ☐

LAST NAME

FIRST NAME

MI

SUFFIX

STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE #

CELL PHONE #

DATE OF BIRTH

EMAIL ADDRESS (PLEASE INCLUDE)

LAST FOUR DIGITS
OF SOCIAL SECURITY #

RACE

GENDER

HAIR COLOR

EYE COLOR

HEIGHT

ALLERGIES (PLEASE LIST)

☐ NOT APPLICABLE

EMERGENCY CONTACT INFORMATION

LAST NAME

FIRST NAME

RELATIONSHIP

WORK PHONE #

CELL PHONE #

EMAIL ADDRESS

CHIEF OR PRESIDENT SIGNATURE:

THIS DOCUMENT MUST BE SIGNED BY CHIEF OR PRESIDENT BEFORE A CARD CAN BE ISSUED

FORMS CAN BE MAILED, DROPPED OFF, OR FAXED TO THE FIRE-RESCUE-EMS OFFICE



CALVERT COUNTY GOVERNMENT

COMPUTER USAGE POLICY ACKNOWLEDGEMENT

A signature on this form is required of all Calvert County Government employees or authorized users of Information Technology Resources. By signing this form, the employee or authorized user agrees that he/she has read and understands the Computer Usage Policy and will abide by this policy. This employee or authorized user acknowledges that all computer systems and all messages and materials transmitted by, received from, or stored therein are the sole property of the County Government. In addition, these Information Technology Resources shall be used in accordance with the guidelines set forth in the Computer Usage Policy.

Date

Employee Name (Print)

Employee Signature

CALVERT COUNTY FIRE/EMS DEPARTMENT

RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE

Department _____
Social Security # _____
Can you read? (circle one) Yes No

Full Name _____
Today's Date _____

SECTION 1.

1. Your age (to nearest year): _____
2. Sex (circle one) Male Female
3. Your height: _____ ft. _____ in.
4. Your weight: _____ lbs.
5. Your job title: _____
6. Telephone number (inc area code) _____
7. The best time to contact you at this number: _____
8. Has your employer told you how to contact the health care professional who will review this questionnaire? (circle one):
Yes No
9. Check the type of respirator you will use. (you can check more than one category):
 - a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only)
 - a. _____ Other type (for example, half-or full-face piece type, powered-air purifying, supplied-air, self contained breathing apparatus)
10. Have you worn a respirator prior to today? (circle one) Yes No
If "yes", what type(s) _____

SECTION 2.

The following questions must be answered by every employee/member who may have the occurrence to use a self-contained breathing apparatus (SCBA).

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month?
Yes No
2. Have you *ever* had any of the following conditions?
 - a. Seizures (fits): Yes No
 - b. Diabetes (sugar disease): Yes No
- Claustrophobia (fear of closed in places):
Yes No

- d. Allergic reactions that interfere with your breathing Yes No
- e. Trouble smelling odors Yes No
3. Have you *ever* had any of the following pulmonary or lung problems?
 - a. Asbestosis: Yes No
 - b. Asthma: Yes No
 - c. Chronic bronchitis: Yes No
 - d. Emphysema: Yes No
 - e. Pneumonia: Yes No
 - f. Tuberculosis: Yes No
 - g. Silicosis: Yes No
 - h. Pneumothorax (collapsed lung): Yes No
 - c. Lung cancer Yes No
 - d. Broken ribs: Yes No
 - e. Any chest injuries or surgeries: Yes No
 - c. Any other lung problems that you've been told about: Yes No
4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
 - a. Shortness of breath: Yes No
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or inclines: Yes No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes No
 - e. Shortness of breath when washing or dressing yourself: Yes No
 - f. Shortness of breath that interferes with your job: Yes No
 - g. Coughing that produces phlegm (thick sputum): Yes No
 - h. Coughing that wakes you early in the morning: Yes No
 - i. Coughing that occurs mostly when you are lying down: Yes No
 - j. Coughing up blood in the last month: Yes No
 - k. Wheezing Yes No
 - l. Wheezing that interferes with your job: Yes No
 - m. Chest pain when you breathe deeply: Yes No
 - n. Any other symptoms that you think may be related to lung problems: Yes No

CALVERT COUNTY FIRE/EMS DEPARTMENT

RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE

- b. Stroke: Yes No
 c. Angina Yes No
 d. Heart failure: Yes No
 e. Swelling in your legs or feet (not caused by walking): Yes No
 f. Heart Arrhythmia (heart beating irregularly): Yes No
 g. High blood pressure: Yes No
 h. Any other heart problem that you've been told about: Yes No
6. Have you ever had any of the following cardiovascular or heart symptoms?
 a. Frequent pain or tightness in your chest: Yes No
 b. Frequent pain or tightness in your chest during physical activity: Yes No
 c. Pain or tightness in your chest that interferes with your job: Yes No
 b. In the past two years, have you noticed your heart skipping or missing a beat: Yes No
 c. Heartburn or indigestion that is not related to eating: Yes No
 d. Any other symptoms that you think may be related to heart or circulation problems: Yes No
7. Do you *currently* take medication for any of the following problems:
 a. Breathing or lung problems: Yes No
 b. Heart trouble: Yes No
 c. Blood pressure: Yes No
 d. Seizures (fits): Yes No
8. If you have used a respirator, have you ever had any of the following problems? (If you have never used a respirator, check the following box and go to question 9)
 a. Eye irritation Yes No
 b. Skin allergies or rashes: Yes No
 c. Anxiety: Yes No
 d. General weakness or fatigue: Yes No
 e. Any other problem that interferes with your use of a respirator: Yes No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?
 Yes No
10. Have you *ever* lost vision in either eye? (temporarily or permanently) Yes No
11. Do you *currently* have any of the following vision problems?
 a. Wear contact lenses: Yes No
 b. Wear glasses: Yes No
 c. Color blind: Yes No
 d. Any other eye or vision problem: Yes No
12. Have you *ever* had an injury to your ears, including a broken eardrum? Yes No
13. Do you *currently* have any of the following hearing problems?
 a. Difficulty hearing: Yes No
 b. Wear a hearing aid: Yes No
 c. Any other hearing or ear problem: Yes No
14. Have you *ever* had a back injury? Yes No
15. Do you *currently* have any of the following musculoskeletal problems?
 a. Weakness in any of your arms, hands, legs, or feet: Yes No
 b. Back pain: Yes No
 c. Difficulty fully moving your arms and legs: Yes No
 d. Pain or stiffness when you lean forward or backward at the waist: Yes No
 e. Difficulty fully moving your head up or down: Yes No
 f. Difficulty fully moving your head side to side: Yes No
 g. Difficulty bending at the knees: Yes No
 h. Difficulty squatting to the ground: Yes No
 i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs. Yes No
 j. Any other muscle or skeletal problem that interferes with using a respirator: Yes No

AFFILIATION VERIFICATION

NOTE: IF YOU ARE CHANGING YOUR AFFILIATION OR ADDING AN AFFILIATION, YOU NEED ONLY COMPLETE THIS SIDE OF THE APPLICATION. NEW STUDENTS MUST SIGN RELEASE STATEMENT ON OTHER SIDE OF THIS FORM.

Check One: ☐ Add a new initial affiliation
 ☐ Change initial affiliation (drop old affiliation number ☐☐☐☐☐☐)
 ☐ Add an additional affiliation (keep current affiliation(s))

Please check one: ALS _____ ***BLS*** _____ ***EMD*** _____

Name: _____ **SSN** _____

New Affiliation Identification (copy from Application 1, side 1 or refer to App. B of the Users Manual)

Affil. No. ☐☐☐☐☐☐ **Affil. Name** _____

1. COMPANY VERIFICATION/ MFRI VERIFICATION

☐ MFRI

To be completed by the company senior EMS Officer

I verify that the candidate named on this form is currently an active EMS member/provider holding membership with this company as of this date. This company approves of this individual's participation in EMS training and/or verifies that this individual will be providing EMS care as a member of this company.

Signature _____ Title _____ Date _____

Printed Name _____ Day Telephone (____) _____

2. EMS OPERATIONAL PROGRAM SIGNATURE

(This section ***MUST*** be completed by the approved verifying agency representative for all ALS, EMT, & EMD candidates)

☐ APPROVED EMS OPERATIONAL PROGRAM

☐ APPROVED COMMERCIAL SERVICE

I verify by my signature that the candidate named on this form is affiliated with a recognized and appropriate Maryland EMS Operational Program and/or Commercial EMS Service and will be/is authorized to provide EMS care within the company/EMS Operational Program of affiliation.

Signature _____ Title _____ Date _____

Printed Name _____ Day Telephone (____) _____

3. MEDICAL DIRECTOR SIGNATURE

(THIS SECTION ***MUST*** BE COMPLETED FOR ALL ALS CANDIDATES)

I verify by my signature that the candidate named on this form has met all local and state requirements in order to pursue licensing/certifying with the intent to function in the EMS Operational Program of which I am the Medical Director.

Signature _____ Date _____

Printed Name _____ Day Telephone (____) _____

4 APPLICANT SIGNATURE I understand that ALL information on this form is correct to the best of my knowledge, and is subject to verification. Failure to meet any requirements may serve as grounds of ineligibility for certification/licensure.

Applicant's signature: _____ Date _____

MARYLAND EMERGENCY SERVICES STUDENT APPLICATION RELEASE & AFFILIATION FORM

NOTE: This side of the form only needs to be completed for candidates taking a course for initial or renewal of certification/licensure.

Applicant Name: _____
Last First MI

Course Number: _____ (copy from Application 1, side 1)

RELEASE STATEMENT:

In compliance with the federal Family Educational and Rights to Privacy Act of 1974 and the Buckley Amendment, I authorize and give my permission to the University of Maryland, Maryland Fire and Rescue Institute, and the Maryland Institute for Emergency Medical Services Systems to release information concerning my training records to: (1) the primary instructor of this course; (2) the local training academy, if this course is being conducted within, or in collaboration with, such academy; (3) any federal or state agency (Maryland or other) with authority to certify, regulate, and/or fund EMS programs and personnel; and/or (4) _____.

Applicant Signature _____ Date _____

PARENTAL PERMISSION TO ENROLL:

(TO BE FILLED OUT BY A PARENT/GUARDIAN OF APPLICANTS WHO ARE AT LEAST 16; BUT NOT YET 18 YEARS OF AGE)

I hereby give permission for _____ (Name of Applicant) to enroll in classes conducted by the _____ (Name of Teaching Agency). I understand the teaching agency is not authorized to provide travel, medical, or health insurance to students. I also understand my child may be exposed to infectious diseases, and physically strenuous and/or hazardous environments.

Parent/Guardian Signature _____ Date _____

VERIFICATION OF MEMBERSHIP

(TO BE FILLED OUT BY A COMPANY OFFICER FOR APPLICANTS WHO ARE AT LEAST 16; BUT NOT YET 18 YEARS OF AGE)

I understand that students registered and participating in classes and courses conducted by the Maryland Fire and Rescue Institute, University of Maryland must be at least sixteen years of age. I certify that the individual named above has been officially accepted into our emergency services department and is at least sixteen years old. The individual is thereby covered by our by-laws for personal behavior, and by our health, accident and other appropriate insurance policies for personal protection. I further understand that the Maryland Fire and Rescue Institute has in its program regulations, the requirements that all students admitted to classes must remain active members in good standing of their respective departments. If the student named in this form has his/her membership revoked or suspended within the duration of this course, I will notify the Maryland Fire and Rescue Institute in writing at the earliest opportunity.

EMS/Fire Company Official's Signature _____ Date _____

PROOF OF PROTOCOL PROFICIENCY

(TO BE FILLED OUT BY THE EMS OPERATIONAL PROGRAM FOR USE OF NREMT FOR RENEWAL OF MARYLAND CERTIFICATION)

I hereby certify that the above named individual has completed the most recent protocol updates and is proficient with the current edition of the Maryland Medical Protocols for Emergency Medical Services Providers.

EMS Operational Program Signature _____ Date _____

MFRI COURSES ONLY

By my signature, I:

1. Acknowledge that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation from this course.
2. Understand the University of Maryland is not authorized to provide travel, medical, or health insurance for students. I maintain appropriate insurance on an individual basis. I will check my department's insurance policy to determine if I am sufficiently and appropriately covered.
3. Understand that this registration is not to be regarded as an irrevocable contract between the student and the University of Maryland.
4. Have received the following for class use: (if applicable, initialize on the lines provided)
_____ A copy of the rules and regulation pertaining to this course.
_____ Course text (check which type):
_____ New _____ Used _____ Refused
_____ Student Manual
_____ Other (specify) _____
5. Affirm and declare that I am physically and mentally fit to perform all tasks within this course.

Applicant Signature _____ Date _____

PRINCE FREDERICK VOLUNTEER RESCUE SQUAD, INC.

P.O. Box 346

Prince Frederick, Maryland 20678

LOSAP AFFILIATION FORM

IF YOU DO NOT WISH TO CHANGE YOUR AFFILIATION FROM YOUR CURRENT HOME DEPARTMENT
SELECT "NEW MEMBER"

NEW MEMBER ☐

TRANSFER MEMBER ☐

I DECLINE LOSAP ☐ (COMPLETE FORM AND SIGN REFUSAL AT BOTTOM OF PAGE)

FULL NAME: _____

SSN: _____ DATE OF BIRTH: ____/____/____

My department affiliation is (Specify CALS, VFD CO., Employer, etc.):

Signature: _____ Date: _____

IMPORTANT: A copy of your certification (CPR, EMT, CRT, EMT-P, or FF) must be provided along with this signed form to qualify for LOSAP through PFVRS.

SIGN BELOW ONLY IF YOU ARE DECLINING LOSAP THROUGH PFVRS

I HAVE BEEN GIVEN INFORMATION ABOUT THE LOSAP PROGRAM, AND I CHOOSE NOT TO PARTICPATE
THROUGH PFVRS AT THIS TIME. I UNDERSTAND I CAN RESCIND THIS DECISION IN THE FUTURE IF ROLL
SIZE ALLOWS BUT THAT IS NOT RETROACTIVE.

MY SIGNATURE IS BELOW:

Signature: _____ Date: _____

PRINCE FREDERICK VOLUNTEER RESCUE SQUAD, INC.

P.O. Box 346

Prince Frederick, Maryland 20678

Social Media Policy

The Purpose:

1. The Prince Frederick Volunteer Rescue Squad utilizes the internet, specifically social media, to help with recruitment, retention, fundraising, and keeping an active dialogue with the general public to show the work of the volunteers in our community. We know social media and networking can be a positive way to show how the Prince Frederick Volunteer rescue Squad works in the community. The goal of this policy is to respect and protect the citizens who have experienced trauma from exploitation or further grief and protect the rescue squad.

Policy for our members:

1. Social media networking includes, but is not limited to, YouTube, Twitter, Facebook, Myspace, LinkedIn, blogs, texting, e-mailing, instant messaging, posts, or pages.
2. If any member gathers videos, pictures, or any audio before, during, or after the scene of any call, do not share or distribute until reviewed by the Chief or President of the rescue squad. We understand that you are allowed to take photos and videos of the scene, just as the general public but, with our access to the scene or emergency, we have access the general public does not have.
3. The videos and photos taken by members at the scene or emergency call could be considered evidence by the sheriff's department and state police. This could lead to the confiscation of your phone or device you use to take the videos and photos as evidence for their investigation.

Violation of Policy:

1. Any member who violates this policy will be subject to disciplinary actions of the Chief or President.

Additional Notes:

1. If any member has any questions or concerns about the videos or photos being used, please contact the Chief or President immediately.
2. Any member choosing to bully, harass, or threaten any member of this department through social media of any form, as described in this policy, will not be tolerated. Also the defaming or discrediting of the Prince Frederick Volunteer Rescue Squad in the social media will be reviewed by the Chief and President to see if disciplinary action is to be taken.
3. As the internet, social media, and technology evolve. This policy will be changed or additions made as needed to protect the members and Prince Frederick Volunteer Rescue Squad.

PRINCE FREDERICK VOLUNTEER RESCUE SQUAD, INC.
P.O. Box 346
Prince Frederick, Maryland 20678

RULES FOR PETS IN BUILDING

1. All pets are to be up to date on all shots.
2. Pets are to be under the owners' supervision, unless they are on a call. When on a call the pet needs to be crated or be supervised by a responsible adult.
3. Pets are to be in the Bay Area only. The meeting room and upstairs offices and the live in area are off limits.
4. Pet owners are responsible for cleaning up after their pets. If you do not pick up after your pet the pet will not be allowed on the property.
5. No pets are allowed to stay overnight.
6. You are responsible for your pets' action. [For example: If they bite someone or tear something up.]
7. Live ins are not allowed to have pets.
8. Dogs are the only pet allowed on the property.

PRINCE FREDERICK VOLUNTEER RESCUE SQUAD, INC.
P.O. Box 346
Prince Frederick, Maryland 20678

RULES FOR CHILDREN IN BUILDING

1. Children under 12 years of age are only allowed on the property from 7:00am to 10:00 pm.
2. No children overnight unless it is due to unforeseen circumstances (example; snowstorm, hurricanes, or tornadoes) and approved by President/Vice President.
3. Children are not allowed in the wash bay, boat bay, live- in side or upstairs in the officer's areas unless accompanied by an adult.
4. No running in the building or around the outside of the building.
5. No screaming or yelling when on the property.
6. No bikes, skateboards, rollerblades, tricycles or scooters allowed in building.
7. Bikes, skateboards, rollerblades, tricycles or scooters are allowed in back parking lot or designated area with adult supervision.
8. No children in the front, back or side of building unless under adult supervision.
9. No destruction of Co. 4 property or equipment.
10. Children are to listen to the adults when they are misbehaving.
11. There will be disciplinary action taken if they break the rules. (example: Work assignments or possible suspension from the building to be determined by President/Vice President or an officer.

PRINCE FREDERICK VOLUNTEER RESCUE SQUAD, INC.
P.O. Box 346
Prince Frederick, Maryland 20678

Acknowledgement of Rules

I _____ have received the following: social media policy, rules for pets, and rules for children in the building.

(Signature)

(Date)