

# **BLOUNT COUNTY RESCUE SQUAD**

**865-984-9315**

*Volunteer Membership Application Package*



**(Mailing address)**

**P. O. Box 218**

**Alcoa, TN. 37701**

# **BLOUNT COUNTY RESCUE SQUAD**

## **MISSION STATEMENT**

**It is the Mission of the Blount County Rescue Squad to provide professional Search, Extrication, Technical/Water Rescue and Basic Medical, as well as Public Assistance, services to the residence and visitors of Blount County Tennessee on a 24x7 basis.**

# Blount County Rescue Squad

## Trainee Requirements

- You are required to fill out all forms in the Application Package COMPLETELY and attach:
  - A Money Order/Cashiers Check for \$29 to TBI for background check.
  - A copy of your Drivers License
  - A copy of any related certificates or training records
- Mail the completed package w/attachments to:
  - Chief  
Blount County Rescue Squad  
P. O. Box 218  
Alcoa, TN. 37701
- You will be required to satisfactorily PASS a Background Check and Personal Interview.
- If approved for Membership, you will be notified of your Orientation Session time date.
- You will be required to purchase a plain red "T" shirt, black leather safety toed work boots and a pair of black Tactical or EMS pants
- At Orientation, you will be required to submit a check for \$10.00 made out to the BCRS for your first year membership in the Tennessee Association of Rescue Squads (TARS). Thereafter, the BCRS will pay your membership fees.
- You will be required to satisfactorily complete approximately 100 hours of classroom and practical training. This training will include, but not limited to:
  - Blood Borne Pathogens
  - Ergonomics
  - 911 Map Navigation
  - Communications
  - Documentation
  - CPR/AED
  - Rural/Metro Ambulance Orientation
  - NIMS 700
  - Standard First Aid
    - At this time Trainee may ride on truck
  - Vehicle Rescue
  - Technical Rescue
  - Water Orientation/Rescue
  - VKF/EVOC
- Upon satisfactory completion of the above, you will have earned the right to wear RESCUE on your shirt and be issued a Badge number.
- You will be required to volunteer a minimum of 32 hours of Precepting duty per month.
- You will be required to complete a Comprehensive Written and Skills Assessment
- You will Graduate to a Rescuer status and required to volunteer 32 hours of duty per month.

**BLOUNT COUNTY RESCUE SQUAD**

*Volunteer Membership Application (age 18 & above)*

(Please print legibly)

Name (last) \_\_\_\_\_ (mid) \_\_\_\_\_ (first) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social Sec # \_\_\_\_\_ Drivers Lic # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Exp Date \_\_\_\_\_

Do you have family or friends in BCRS \_\_\_\_\_ If Yes, who \_\_\_\_\_

Have you ever applied/been a member of BCRS \_\_\_\_\_ If Yes, explain \_\_\_\_\_

What prompted your application \_\_\_\_\_

What are your hobbies \_\_\_\_\_

Have you ever been convicted of a crime \_\_\_\_\_ If Yes, explain \_\_\_\_\_

Will you submit to random drug testing \_\_\_\_\_ If No, explain \_\_\_\_\_

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduate or GED \_\_\_\_\_ Year \_\_\_\_\_

College \_\_\_\_\_ Course of study \_\_\_\_\_ Graduated \_\_\_\_\_ If Yes, year \_\_\_\_\_

List any experience/training in the following:

Medical License \_\_\_\_\_ CPR/First Aid \_\_\_\_\_ Vehicle Rescue \_\_\_\_\_

Dive/Water Rescue \_\_\_\_\_ Search Rescue \_\_\_\_\_ Rope Rescue \_\_\_\_\_

Are you presently employed by any Emergency Services \_\_\_\_\_ If Yes, who \_\_\_\_\_

US Military Service \_\_\_\_\_ If Yes, Branch \_\_\_\_\_ Rank \_\_\_\_\_ Date of Enlist \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type \_\_\_\_\_ Describe Duties \_\_\_\_\_

Present or last employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ OK to contact your employer \_\_\_\_\_ If No, explain \_\_\_\_\_

Have you ever collected Workman's Compensation due to an on the job injury \_\_\_\_\_ Time lost \_\_\_\_\_

If yes, place of employment \_\_\_\_\_ Type of injury \_\_\_\_\_

References:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I declare all information provided is accurate. Signed \_\_\_\_\_ Date \_\_\_\_\_

# Blount County Rescue Squad

“In Case of Emergency” (ICE) information.

## Member Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

SS# \_\_\_\_\_ Drivers License # \_\_\_\_\_

## Contact Information

“ICE” Name \_\_\_\_\_ Relationship \_\_\_\_\_

“ICE” Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medications:

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Allergies

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Existing Health Conditions:

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**Beneficiary Designation for Accident & Sickness Policy**

Complete this block each time this form is used—Please Print

Name of Organization \_\_\_\_\_ State \_\_\_\_\_

Member's /Employee's Name \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Date Member Joined Organization \_\_\_\_\_

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Contingent

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

**Specifying Beneficiaries**

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

**Authorizing Consumer Reports and/or Driving Records**  
**To be Obtained-Signed by Volunteer/Employee**

Blount County Rescue Squad  
P.O. Box 218  
Alcoa, TN 37701  
Attn: Tommy Bowers  
Fax# 865-984-9799

RE: MVR Reports

Chief:

Consumer reports maybe obtained as part of the Blount County Rescue Squad evaluation of my application to drive emergency vehicles owned and operated by Blount County Rescue Squad. The reports that are procured by J. Mark Bowery Insurance, Inc., may include my driving record, which provides an assessment of my insurability under the Company's insurance coverage as a consumer report. By signing this disclosure, I hereby authorize the Company to procure such reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

\_\_\_\_\_  
Signature of Volunteer/Employee

**PLEASE PRINT AS SHOWN ON YOUR DRIVER'S LICENSE**

\_\_\_\_\_  
Name of Volunteer/Employee

\_\_\_\_\_  
State of Driver's License

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Birth



**Tennessee Bureau of Investigation  
Tennessee Criminal History Information Request  
901 R.S. Gass Blvd, Nashville, TN, 37216  
TELEPHONE: (615) 744-4057 FAX: (615) 744-4651**



Before submitting this request review the **Memorandum** related to requesting criminal history information. Please print this form and mail it along with the required \$29.00 processing fee (Please see memo for payment methods) to: Tennessee Bureau of Investigation, 901 R. S. Gass Blvd., Nashville, Tennessee, 37216 or **FAX** to 615-744-4651

Date: \_\_\_\_\_ Criminal history information requested by: \_\_\_\_\_

Email Address: \_\_\_\_\_ (not required)

Fax Number: \_\_\_\_\_

**Please supply a complete return address:**

Print full name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Please select preferred method for return of Background Check Results:** Mail: \_\_\_\_ FAX: \_\_\_\_ Email: \_\_\_\_

I am requesting a Tennessee criminal history record check on the following individual:

- Complete Name, Race, Sex and Date of Birth are all **(Required Information)**
- Social Security Number and Current Address are **(Optional)**. By providing a social security number and current address you will increase the accuracy of the name-based search.

<b>Name:</b> _____	
(Last, First, Middle) (Required Information)	
<b>Other Names Used:</b> _____	
<b>Race:</b> _____	<b>Sex:</b> _____
<b>Date of Birth:</b> _____	<b>State of Birth:</b> _____
<b>Social Security Number:</b> _____	
<b>Current Address (If Available): (Optional Information)</b>	
<b>Street:</b> _____	
<b>City:</b> _____	<b>State:</b> _____
	<b>Zip:</b> _____

**To Pay by Credit Card/Cashier's Check or Money Order:**

Please be sure to include the three (3) digit authorization code located on the back of your credit card.

<b>Card Type:</b> VISA ____ Master Card ____ Discover ____ Cashier's Check ____ Money Order ____	
<b>Complete Name (as it appears on the card):</b> _____	
<b>Credit Card Number:</b> _____	<b>Code:</b> _____
<b>Expiration Date:</b> _____	
<b>Current Address of card holder:</b>	
<b>Street:</b> _____	
<b>City:</b> _____	
<b>State:</b> _____	<b>Zip</b> _____
<b>Total Amount to be Billed: \$</b> _____ <b>Authorized Signature:</b> _____	

## BCRS Applicant Checklist

Please insure all items in the checklist are included to expedite processing of your application. We will be contacting you prior to our next training academy. We at BCRS thank you for your interest in serving the citizens of Blount County and Tennessee.

- Completed application
- Completed TBI Background check form (**middle section only**) with money order or cashier's check to Tennessee Bureau of Investigation (**Adult candidates ONLY**)
- Completed Motor Vehicle Record (MVR) Form
- Photocopy of valid driver's license
- Photocopy(s) of any certification cards (CPR, Dive, etc...)
- Photocopy of any state medical licenses (1<sup>st</sup> Responders, EMTs, Paramedics, Nursing, DO, MD)
- Completed In Case of Emergency (ICE) Form
- Completed Beneficiary Form