Floyd County Emergency Management Agency
Rescue Unit Volunteer Application
5 Government Plaza, Suite 232
Rome, Georgia 30161
706-236-5002

Please fill out form in its entirety, print and return to address on Page Five.

Date:

Last Name: First Name: Middle:

Home phone: Cell: Pager:

Address:

City: State: Zip Code:

SSN# Date of Birth: Age

Employer: Business Phone:

☐ Male ☐ Female Weight: Height: Hair Color:

Blood Type: Marital Status: Spouse's Name:

Education:

Previous Rescue, Communication, or Medical Training:

Physical or Medical Limitations:

In case of emergency, contact (Name, phone):

I, _____ , do solemnly swear, or affirm that I have not been convicted of a crime in the last five (5) years. I authorize the Director of the Floyd Count yEmergency Management Agency or his authorized agent to check and receive a copy of my criminal and traffic records maintained by any local, state, or federal Criminal Justice Agency.

Applicant Signature: _____ Approved: _____

Director Signature: _____ Not Approved: _____

Notary Public: _____ Date: _____

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Criminal / Driver Consent Form

I hereby authorize the Floyd County Emergency Management Agency to receive any driver or criminal history record information pertaining to me, which may be in the files of any local, state, or federal Criminal Justice Agency.

Full Name: _____ Gender: _____

Race: _____ Date of Birth: _____ SSN# _____ Drivers License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for Request/Position Applied For: _____

Applicant's Signature: _____ Phone #: _____ Date: _____

Requested by: _____ Signature: _____ Date: _____

Notary Public: _____ Department Head: _____

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RULES AND REGULATIONS

1. Use or consumption of any alcoholic beverage is absolutely prohibited by any Rescue Unit member while involved in any activity (operations, meetings, trainings, special events, etc.) or while in uniform.

2. Use of any illegal drug is absolutely prohibited by any Rescue Unit member while involved in any activity (operations, meetings, trainings, special events, etc.) or while in uniform. Any Rescue Unit member taking doctor prescribed medications that may cause drowsiness, or slow reactions, must advise the appropriate supervisor.

3. Use or possession of any firearm is absolutely prohibited by any Rescue Unit member while involved in any activity (operations, meetings, trainings, special events, etc.) or while in uniform. A hunting knife or folding knife, with a blade not to exceed six inches, may be permitted.

4. All members must complete the required courses, when they are offered, to be certified as Rescue Technicians.

5. All members are required to attend a minimum of three (3) meeting/training sessions per quarter. Failure to do so may result in a member being removed from the active call list. Extenuating circumstances (work, sickness, etc.) will be considered.

6. Rescue uniforms will be worn properly at all times. Only authorized patches, badges, pins, etc. may be worn and only in the prescribed manner. Personnel and uniforms will be neat and clean.

7. Rescue members personal vehicles are not to be used for operations, training, etc. They are not covered by insurance. All personnel are to report to headquarters and respond in EMA vehicles.

8. Rescue members will not operate equipment, such as vehicles, boats, radios, generators, etc., unless approved to do so by the appropriate supervisor.

9. Any instruction, information or direction given to Rescue Unit members by supervisors must be followed. These instructions, information, requests or directions are from the Director or his representative.

10. All Rescue Unit personnel will maintain a professional attitude while on any activity (operations, meetings, training, special events, etc.) or while in uniform. Improper behaviour could result in injury or be detrimental to the Rescue Unit.

Continued on next page.

I, _____, do hereby certify that I have read, understand and agree to abide by all the above Rules and Regulations. I understand that failure on my part to comply with any of the Rules and Regulations can result in my dismissal from the Rescue Unit, or being placed on the inactive roster for a period of time. I further understand that upon my dismissal from the Rescue Unit, or being placed on the inactive roster, voluntarily or involuntarily , it is my responsibility to return all uniforms and equipment that I have received from the Floyd County Emergency Management Agency. If I fail or refuse to return the uniforms or equipment by the date requested, I agree to pay the initial cost of any item not returned.

Member Signature: _____ Director Signature: _____

Notary Public: _____ Date: _____

Please fill out all requested information, print form and return to:

Floyd County Emergency Management Agency
Rescue Unit
5 Government Plaza, Suite 232, Rome Georgia 30161

Print Form