



**Southport Fire Department**  
**EMS Division**  
**1011 N. Howe Street - Southport, NC 28461**  
**(910) 457-7915**



**Application Letter**

**NOTE: You must fill this application out in its entirety or your application will not be considered.**

**Requirements for applying for Probationary Membership**

1. Applicants must be at least 18 years of age and have a valid NC Driver's License
2. Applicants must be credentialed through the NC Office of EMS as a Medical Responder or higher, OR must be at least HALFWAY through an approved EMT course. If you are currently in a course, you must also provide evidence that you are in good standing academically and provide a letter from your course instructor to that effect.
3. Applicants must be a high school graduate or have a high school GED
4. Applicants must be of good moral character.
5. No Application will be accepted from persons convicted of a felony in the last seven (7) years. Any felony convictions older than 7 years will be reviewed on a case by case basis by the membership committee. A felony older than seven (7) years old may still disqualify you from submitting an application.
6. Applicants must meet all other requirements for membership, to include a current background check and certification requirements, as delineated on the Membership Application

**The application process is as follows**

1. Return your completed application and ALL required supplemental documentation to the EMS Division membership committee.
2. Once reviewed and approved by the EMS Division Membership Committee, applications will be presented to the members present at a regular business meeting for consideration. You will be contacted by the Membership Committee to attend a business meeting after they review and forward your application to the general membership for a vote.
3. If a majority of the members present approve an application, the applicant shall be granted Probationary Member status (90 days) and entered into the Precepting Program. (All new members must precept regardless of experience or certifications)

**Photocopies of ALL the following items MUST be turned in with your application to be considered for membership.**

1. NC EMS Certification
2. Healthcare Provider CPR card
3. Valid NC Driver's License.
4. Criminal Background check (not more than 30 days old, available at the BC Court House)
5. DMV Driving Record (not more than 30 days old, available at the NC DMV Office)
6. Social Security Card
7. Immunization Records
8. Discharge Paperwork (If served in U.S Military)

**All new members MUST complete the following within their first year of membership.**

1. NIMS (ICS) training certificates for level 100 and 700
2. NC Emergency Vehicle Driving Certification (EVD)

Sincerely,  
SFD EMS Division Membership Committee



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## EMS Membership Application

Date: \_\_\_\_\_

### Personal Information

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Last First Middle

Permanent Home Address: \_\_\_\_\_

Street Number Street Name City State Zip

Mailing Address (If Different): \_\_\_\_\_

Street Number/PO Box Street Name City State Zip

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Carrier: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a citizen of the U.S.? \_\_\_\_\_

North Carolina Driver's License: \_\_\_\_\_

License Number Expiration Date Class

Emergency Contact Information: \_\_\_\_\_

Name Home Phone Cell Phone Relationship

Address (If Different) City State Zip

### EMS Certification

Current North Carolina EMS Certification: (Circle) Medical Responder EMT-B EMT-I EMT-P

Expiration Date: \_\_\_\_\_ P-Number: \_\_\_\_\_ Do you have a certification in another State? Y / N

(If Yes) \_\_\_\_\_

Certification Held State Certification is held in Expiration Date

Are you currently in Class? Y / N (If Yes) \_\_\_\_\_

Educational Institution Level Pursing State Test Date

Are you National Registry Certified? Y / N (If Yes) \_\_\_\_\_

Certification Date Expiration Date National Registry Number

#### Other Certifications:

CPR/AED Expires: \_\_\_\_\_ ACLS Expires: \_\_\_\_\_

PALS Expires: \_\_\_\_\_ BTLS Expires: \_\_\_\_\_

EVD Date Completed: \_\_\_\_\_ TR/RT/ERT Date Completed: \_\_\_\_\_

Hazardous Materials Awareness/Operations Date Completed: \_\_\_\_\_

Have you taken an Infection Control Class in the past 12 Months? Y / N (If Yes) Where/Date: \_\_\_\_\_

Have you had a TB test in the last 36 Months? Y / N (If yes) Where/Date: \_\_\_\_\_

Have you had a Tetanus shot in the past 10 years? Y / N (If yes) Where/Date: \_\_\_\_\_

Have you had a mask fit test in the past 12 months? Y / N (If yes) Where/Date: \_\_\_\_\_

### Personal References (Cannot be relatives or significant others)

Reference Name Address Telephone # Relationship

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**Prior EMS Experience (Leave Blank if none)**

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Agency Name \_\_\_\_\_ Agency Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Dates of Affiliation \_\_\_\_\_

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**Educational Information**

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High School: School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Years Completed 1 2 3 4 Diploma Y / N Year Graduated: \_\_\_\_\_ (If No) GED Y / N

College/University: Educational Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Years Completed 1 2 3 4 Degrees Earned: \_\_\_\_\_

Major(s): \_\_\_\_\_

Educational Supplement: School attending now: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Area of Concentration/Major: \_\_\_\_\_

**Criminal Background**

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*ATTENTION: If your criminal record was expunged by a judge, you are not required to give information pertaining to convocations that were expunged. You are required to report all other convictions. Pleading "no contest" or "guilty" to a charge is considered a conviction.*

Have you ever been convicted of a misdemeanor? Y / N (If yes, explain in detail): \_\_\_\_\_

Have you ever been convicted of a felony? Y / N (If yes, explain in detail): \_\_\_\_\_

Have you been convicted of a traffic violation in the last 7 years? Y / N (If yes, explain in detail): \_\_\_\_\_

Has your Driver's License ever been revoked or suspended? Y / N (If yes, explain in detail): \_\_\_\_\_

**Other Information/Questions**

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Please indicate below your availability to run duty shifts:

Weekdays:  Days  Nights Weekends:  Days  Nights

**Have you ever served in the U.S. Military?**  Yes  No If yes, list rank at discharge: \_\_\_\_\_



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Type of Discharge: \_\_\_\_\_ (If you checked yes you MUST provide a copy of your DD214 Discharge Forms in order to apply for membership to the SFD EMS Division.

**Physical Requirements:** Do you have any physical limitations that would prevent you from performing your EMS duties? This would include lifting up to 50lbs without help. Y / N (If yes explain): \_\_\_\_\_  
Initial \_\_\_\_\_ Date \_\_\_\_\_

**Required Duty Hours:** SFD EMS Division is obligated to provide service 24/7, 365 days. To try to accomplish this, the squad requires all active members to work on duty in the station at least 24 hours per month. Are you willing to run 24 hours of duty per month? Y / N Initial \_\_\_\_\_ Date \_\_\_\_\_

**Monthly Business Meetings:** SFD EMS Division has our monthly business meetings the second Monday of each month at 1900 hours, unless it falls on a holiday. Will you be able to attend at least 75% of the business meetings? Y / N Initial \_\_\_\_\_ Date: \_\_\_\_\_

**Monthly Continuing Education:** Continuing Education hours are very crucial to the operation of the SFD EMS Division. We provide monthly Con-Ed classes at the station. All members must attend Con-Ed at least once every three months in order to remain active, and to operate as an EMS technician in Brunswick County. Do you agree to attend Con-Ed classes at least once every three months? Y / N Initial \_\_\_\_\_ Date \_\_\_\_\_

**Drug Testing:** SFD EMS Division is a drug free environment. After becoming a member of SFD EMS Division, you are subject to testing for illegal drug use. I hereby agree to immediately submit to any drug testing at the expense of SFD EMS Division. I understand my name can be entered for random testing. Initial \_\_\_\_\_ Date \_\_\_\_\_

**Equipment/Uniforms:** All and any equipment issued to you from SFD EMS Division, must be returned within 30 days after you leave the squad or are terminated. If these items are not returned in this timeframe, the member can/will be required to reimburse the department for replacement cost, and your monthly check will be held until all equipment is returned. I hereby agree to return all equipment to SFD EMS Division within the required 30 day timeframe. Initial \_\_\_\_\_ Date \_\_\_\_\_

**Release of Image/Quotes:** I hereby authorize SFD EMS Division and the City of Southport to use my image and or quotes for any use that SFD EMS Division or the City of Southport deems appropriate in the promotion and or marketing of SFD EMS Division. I fully discharge SFD EMS Division and the City of Southport from any and all claims, monetary or otherwise, arising from the use of my image or quotes. Initial \_\_\_\_\_ Date \_\_\_\_\_

Please list any special trainings, skills, or abilities you have (not related to the EMS Field).

Why do you want to be a member of the Southport Fire Department EMS Division?

How did you hear about the Southport Fire Department EMS Division?

I certify by my signature, that I am not dependent on any chemical substance, and, I have not been convicted of a felony or misdemeanor. If so, they are listed on this application in the spaces provided, including date of conviction and disposition of conviction. I certify that all information provided on this application is truthful to the best of my knowledge. I understand that if any information is found to be falsified it is grounds for immediate dismissal of my membership. I agree to obey all SOG's set forth by the City of Southport and the Southport Fire Department EMS Division. I also agree to abide by all City, State, and Federal Laws.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE**

**Pre-Joining Checklist**

- Copy of NC EMT Certification  N/A
- Copy of AHA Healthcare CPR Card
- Copy of NC Driver's License
- Copy of Background Check (Not more than 30 days old, available at BC Court House)
- Copy of Driving Record (Not more than 30 days old, available at NC DMV)
- Copy of Social Security Card
- Copy of Immunization Records
- Copy of Discharge Paperwork (If in Military)  N/A

**Membership Committee Review**

Date Application reviewed by Membership Committee: \_\_\_\_/\_\_\_\_/\_\_\_\_ Recommendation: Forwarded / Denied

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**Probationary Membership Vote (If forwarded from membership committee)**

Date Application voted on by active membership. \_\_\_\_/\_\_\_\_/\_\_\_\_ Vote: Accepted / Denied

Total Members Voting: \_\_\_\_ # of Yes: \_\_\_\_ # of No: \_\_\_\_ Abstentions: \_\_\_\_

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**90 day Probationary to Active Vote**

Date of 90 day Probation vote by active membership. \_\_\_\_/\_\_\_\_/\_\_\_\_ Vote: Accepted / Denied

Total Members Voting: \_\_\_\_ # of Yes: \_\_\_\_ # of No: \_\_\_\_ Abstentions: \_\_\_\_

Reason for Denial (If Applicable): \_\_\_\_\_

**FOR USE IF APPLICATION IS ACCEPTED. FOR ADMINSTRATIVE USE**

**Post Joining New Member Checklist**

- Added to Station Roster
- Added to Roster in EMS PIC
- Added to NC EMS/Rescue Assoc. Roster
- Added to EMS Manager
- Added to ESO Solutions