



Pamplico Rescue and Ambulance Service, Inc
 P.O. Box 532
 Office: 915 S Pamplico Hwy
 Pamplico, South Carolina 29583-0532
 (843) 493-0457 (843) 493-0457 FAX
 Member Application



Date ___/___/___ Full name: _____

Social Security Number: _____ Date of Birth: ___/___/___ Male Female

Race: African-American/Black American Indian Caucasian Hispanic/Latino Asian Polynesian

Mailing address: _____

Physical address if different _____

Home Phone Number: _____ Work Phone Number: _____

Pager Phone Number: _____ Cell Phone Number: _____

Email address: _____

SC Drivers License Number: _____ Expiration Date: ___/___/___

Other Vehicle Licenses, such as Commerical, Class 2, etc

Have you been a member of another Fire or Rescue Squad or related service or employee of a paid service? If so, please list, and approximate time or dates there:

Have you ever been convicted of a crime? Yes No

Have you ever been convicted of a Felony? Yes No

Have you ever been convicted of Misdemeanor? Yes No

Have you ever been convicted of any major traffic infractions? Yes No

Do you have a High School Diploma or GED? (required for EMT training) Yes No

Have you had a recent Hazardous Materials Course, at least to the awareness level? ____

Have you had a Radiological Monitor Training course? ____

Are you American Red Cross First Aid certified? ____

Are you American Red Cross or American Heart Association CPR certified? ____

Have you been to a Blood-borne Pathogens course this year? ____

Have you had a series of 3 Hepatitis shots? ____

If your Hepatitis shots were provided by an employer, please list employer:

Your position at employer that required Hepatitis series?

Have you attended a HIPAA course, or a recent HIPAA update?

Are you a certified First Responder? _____

Are you a Certified EMT? If so, certificate number and expiration date? _____

Are you a Certified EMT-I? If so, certificate number and expiration date? _____

Are you a certified EMT-P? If so, certificate number and expiration date? _____

Are you a National Registry EMT, EMT-I, or EMT-P? If so, give certificate number and expiration date? _____

Are you ACLS certified currently? _____ Are you BTLS certified currently? _____

Are you ATLS certified currently? _____ Are you PHTLS certified currently? _____

Are you PALS certified currently? _____ Are you PEPP certified currently? _____

Are you an instructor in any of the courses listed above, or related courses? _____

Membership in the Pamplico Rescue and Ambulance Service, Inc, (also known as the Pamplico Rescue Squad) entitles you to certain benefits. Workers Compensation is covered by this agency, as long as you are responding, working, or returning from a call. You are covered under Medical Malpractice and Tort Liability insurance that the Squad carries through the Volunteers Firemans Insurance Service (VFIS). You are also covered under separate vehicle insurance through Florence County when engaged in a call while using an ambulance or rescue vehicle. Membership in this Squad entitles you to certain benefits through the SC State Fireman's Association, under the SC VIP program, if you meet eligibility requirements for attendance at meetings, classes, or response to calls, you are eligible to deduct \$3,000 from your South Carolina income taxes. You are also covered by the \$100,000 Federal line of duty death benefit for your family should you be killed in the line of duty.

Please sign below and date to indicate your understanding of the above information.

Date: _____