



菲华消防紧急救助队
FEPAG
FIRE EMERGENCY PARAMEDIC ASSISTANCE GROUP

APPLICATION FOR
FEPAG LEAGUE OF YOUNG EMERGENCY RESPONDERS (FLYERS)
MEMBERSHIP

Date of Application (mm/dd/yyyy). _____

PERSONAL DATA

FULL NAME:

Last Name First Name Middle Name Chinese Name

Age _____ Date of Birth (mm/dd/yyyy) _____ Gender Male Female

Place of Birth _____ Height _____ cm. Weight _____ kg. Nationality _____

Blood Type _____ Eyes _____ Hair _____ Complexion _____

Residential Address _____

Residential Tel No. _____ Cellphone No. _____

Email Address _____

Relatives in the Emergency Response Services (Government or Volunteer)

Name of Relative/Nature of Service

Relationship

EDUCATIONAL ATTAINMENT

Name of School/College/University

Degree Earned

Date of Attendance

Elementary _____

Secondary _____

College _____

Recent Relevant Trainings (First Aid, Basic Life Support etc.)

Name of Training/Agency

Date/Venue

IN CASE OF EMERGENCY, NOTIFY

Name _____ Relationship _____

Address _____ Tel No. _____

Name _____ Relationship _____

Address _____ Tel No. _____

SPONSOR AND REFERENCE

Name one (1) Regular FEPAG member acting as
Sponsor

Name	Signature	Call Sign
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Name two (2) character references (Non-FEPAG members)

Name	Contact No.
1. _____	_____
2. _____	_____

I declare under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief and I agree that any misrepresentation, falsification and/or omission to a material fact will constitute grounds for immediate denial of my application, and/or revocation of my membership with this organization in the future.

Signature _____

Printed Name _____

Date Signed _____

2 X 2 Picture

FEPAG FLYERS membership shall be open to all applicants 15 to 17 years of age provided he/she possesses a firm belief in the aims, ideals and objectives of this organization. The applicant must have good moral character.

Application Requirements:

1. At least 15 to 17 years of age.
2. The applicant must have secured a signed parental consent prior to the submission of this form. He/She must be allowed to join the groups activities i.e. headquarter duties, ambulance maintenance, trainings, and including emergency responses.
3. The applicant must have undergone and passed the Basic Life Support and Cardiopulmonary resuscitation training within 3 months from the time of application.
4. The applicant must have undergone and passed the Standard First Aid Training within 6 months from the time of application.
5. The applicant may undergo FEPAG's Emergency Medical Responder Training Program only upon completion of the BLS and SFAT as stated above.
6. The applicant is required to submit a photocopy of his/her grades every quarter.
7. The applicant must have accomplished the application form and should have signed nomination from a regular member who is in good standing.
8. A recent 2 X 2 Picture to be attached to the application form.
9. The applicant is encouraged but is not required to have a VHF, UHF, or Digital radio transceiver to be used during operations.

Limitation:

An applicant shall hold membership in only one (1) organization or brigade. We discourage members from having affiliation with 2 or more organization to avoid conflict of interest.

Applicant shall abide by the rules, regulations, and limitations set forth by the FLYERS committee.

Membership procedure:

1. Upon the submission of the application form, the applicant will be interviewed and oriented by the FLYERS committee with regards to the rules, regulations, SOPs, and Protocols of the group.
2. Upon the admission to FEPAG organization, the new member is encouraged to join FEPAG activities as much as possible. This will provide both the FEPAG and the FLYER member with ample time for qualified judgment concerning his/her membership and the possibility of future regular membership..
3. FLYER members are expected to attend the regular monthly general membership meeting.
4. FLYER members are encouraged to render at most 6 hours of duty every week at the FEPAG Headquarters.
5. FLYER members will be assigned a mentor from the roster of EMS officers of the group to serve as his or her guide during the group's activities. The mentor shall make sure that the member is safe during all activities and chart the learning activities of the member.
6. Upon approval by the FLYERS Committee, the member will be given a FLYERS Call Sign that he/she can use in performing duties within the group.
7. The performance of the FLYER member can serve as basis for change of membership status, foregoing the required probationary period for regular applicants, when the applicant reaches the age of 18 and decides to become a regular member of the group.

8. Any violation of the rules, regulations, SOPs, and Protocols of the group will result to termination of the application for membership.

Conforme:

Print Name/Signature/Date

Parent's or Guardian's Name/Signature

WAIVER

I hereby assume entirely all the responsibilities or liabilities arising out of, or in connection with, my performance and/or non-performance of FEPAG-related duties and, I shall free, as in fact I release the FEPAG, from any and all responsibilities or liabilities that may arise out of, or in connection with, my performance and/or non-performance of FEPAG related duties. I also release the FEPAG from any and all responsibilities and liabilities in the event that anything untoward happens to me while in the performance of my duties.

Printed Name/Signature/Date _____

Note: This application form should be returned to the Fire Emergency Paramedic Assistance Group completely filled out with attached 2X2 picture. Incomplete application form will not be entertained.

FLYERS COMMITTEE ACTION

Received by: _____
FLYERS Committee Representative (Printed Name and Call Sign)

Date Filed: _____ Signature: _____

FLYERS Call Sign Assignment: FIREFOX 8-_____
(Call Sign should follow the 800 series of the group)

CONSENT FORM

(To be filled up by the parent or guardian)

I hereby give my consent for (Name) _____ to join your organization and to participate in all of your activities and endeavors.

Printed Name Signature Relation to Applicant

Date Signed _____