



DELAWARE  
COUNTY  
EMERGENCY  
MEDICAL  
SERVICE

JASON ROGERS  
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## Volunteer's Incentive Program

June 1, 2014

This program is to foster collaboration and educational opportunities to volunteer members of Emergency Medical Services (EMS) within Delaware County. The premise of this program is to help individuals become more efficient and effective emergency medical technicians, by utilizing the call volume and experience of Delaware County EMS. Any member in good standing of a volunteer emergency service in Delaware County is eligible to apply. Applicants must have their Indiana Emergency Medical Technician certification prior to applying. Time commitments are minimum, as we know you all have busy schedules, and the priority of your volunteer service should stay with your home agency. The minimum time requirement is 12 hours per month after your field training officer (FTO) training period is complete.

Applicants who are accepted to the Volunteers Incentive Program will be given the opportunity to advance their EMS education at no cost to the VIP EMT. Delaware County EMS offers advanced life support training, advanced leadership training, and special operations training with the variable incident pre hospital emergency response (VIPER) team. Delaware County EMS is looking to boost collaboration and medical care to the citizens of Delaware County by adding constructive members to our team. We also hope to make this our future employee pool for those who are interested.

If you or any of the members of your department are interested in participating in this program, please contact Delaware County EMS or Lieutenant Donald Ullery or EMS Office Manager Cathy Miller and request a VIP packet. Please call during normal business hours 8:30 am to 4:00 pm at [747-7790](tel:747-7790).

Building a strong EMS system in Delaware County together .

Best of luck,

Jason D. Rogers



**Delaware County**  
Emergency Medical Service  
401 East Jackson St  
Muncie, IN 47305  
Tel: 765.747.7790

**An Equal Opportunity Employer**

## Volunteer Incentive Program Application

Instructions: Please type or print legibly. All areas must be completed for consideration. Attach additional pages as needed. Return completed form to the Emergency Medical Service Office Manager. Applications are kept on file in the administrative office for forty-five (45) days.

Applicant Information									
Full Name:						Date:			
Last		First				M.I.			
Address:									
Street Address						Apartment/Unit #			
						State		ZIP Code	
City									
Phone: ( )		E-mail Address:							
Date Available:		Desired Salary:		\$					
Position Desired:						From:			
Are you related to any current Delaware County employee? If yes, state name and relation.									
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for Delaware County?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, where and when?			
Have you ever been convicted of a crime other than a minor traffic violation?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		In what type of position are you interested?		FT <input type="checkbox"/> PT <input type="checkbox"/>	
If yes, provide explanation below.									
Education									
High School:				City/State:					
From:		To:		Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree:	
University:				City/State:					
From:		To:		Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree:	
Other:				City/State:					
From:		To:		Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree:	
References									
Please list three (3) individuals we may contact who know your background and qualifications. <i>Do not list relatives as references.</i>									
Full Name:						Relationship:			
Company:						Phone:		( )	
Email:									
Full Name:						Relationship:			
Company:						Phone:		( )	
Email:									

Full Name:					Relationship:				
Company:					Phone:	(      )			
Email:									
<b>Employment History</b>									
Employer:					Phone:	(      )			
Address:					Supervisor:				
Job Title:					Starting Salary:	\$		Ending Salary:	\$
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Employer:					Phone:	(      )			
Address:					Supervisor:				
Job Title:					Starting Salary:	\$		Ending Salary:	\$
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company:					Phone:	(      )			
Address:					Supervisor:				
Job Title:					Starting Salary:	\$		Ending Salary:	\$
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
<i>List and explain any periods of unemployment within the past five years.</i>									
From:		To:		Reason:					
From:		To:		Reason:					
From:		To:		Reason:					
<b>Additional Information</b>									
Are you 18 years of age or older?				Yes <input type="checkbox"/> No <input type="checkbox"/>					
If this position requires a valid driver's license, do you currently have one?				Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you willing to submit to a physical exam if required?				Yes <input type="checkbox"/> No <input type="checkbox"/>					
<p>We are interested in any further information about you that may distinguish your application. This might include travel, honors, publications, advanced study, certifications, extracurricular activities, civic and/or special interests, and athletic participation. Note: Do not include information that would disclose your race, age, ethnic origin, religious beliefs or political persuasion. (Attach additional pages as necessary.)</p>									

Military Service				
Branch:		From:		To:
Rank at Discharge:		Type of Discharge:		
If other than honorable, explain:				
Indiana EMS Certification				
Are you currently a Indiana EMT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PSID#	
Sponsoring Volunteer Agency in Delaware County				
Name of Department:		From:		To:
Position held at you home department:		Are you an active member in good standing:		
Chief Officer Name:				
Certification of Applicant and Authorization of Reference and/or .....				
<p>Delaware County does not discriminate on the basis of race, color, gender, religion, age, national origin, marital status, veteran status, disability, sexual orientation, or other basis prohibited by law.</p> <p>I understand that my application will be on file in the Human Resources Department for forty-five (45) days, and all materials accompanying this application become the property of Delaware County. If I still desire a position with Delaware County, it is my duty to fill out a new application and file it with the Human Resources Department. Otherwise, Delaware County will not consider me for employment after this application expires.</p> <p>I certify that there are no misrepresentations or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I also am aware that falsification of this application, or any accompanying data, may result in my dismissal from any position with Delaware County.</p> <p>I understand that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to or during my employment.</p> <p>I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of Delaware County. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Delaware County may terminate my employment at any time with or without notice or cause.</p> <p>I authorize any person, agency, partnership, or corporation having any information concerning my background, educational records, or employment records to release such information. This information is to be used for possible employment with Delaware County.</p>				
Signature:				Date:



**Delaware County**  
Human Resources Office  
100 West Main Street, Room 208  
401 East Jackson St  
Muncie, IN 47305  
Tel: 765.747.7790  
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## Pre-Employment Drug Screening

### General Statement of Policy

Delaware County will not employ individuals known to use illegal drugs or misuse prescription drugs. All prospective new employees shall be subject to drug and alcohol testing. Offers of employment shall be contingent on passing the pre-employment drug and alcohol screen; of which the applicant will pay for upon conditional offer into the program.

All otherwise qualified applicants for employment will be tested for drug use prior to hiring by Delaware County. This screening must be done within two (2) hours of the time you are instructed to submit a specimen. Applicants will be responsible for any costs and fees associated with requisite drug and alcohol testing. The payment of costs and fees will be due at the time of the testing. Such testing will include the analysis of urine, or any other medically accepted testing procedure.

This application will serve as your consent form and must be signed prior to the time of any such drug testing, authorizing Delaware County to conduct such testing and to rely upon the results, along with other pre-employment tools in extending or denying employment.

### Consequences of Refusal to Take Test

Job applicants have the right to refuse to submit to a drug test, but such a refusal will result in the withdrawal of the job offer and disqualification from further hiring consideration.

### Consequences of Positive Test Results

Applicants testing positive for the presence of drugs will automatically be disqualified from further hiring consideration for a period of one (1) year.

### Data Privacy

Delaware County will not disclose the test result reports or other information acquired in the drug testing process to another employer or to a third party individual, governmental agency or private organization without the written consent of the person tested, unless permitted or required by law or court order. Job applicants are required to submit to a drug screening as a condition of employment.

I, \_\_\_\_\_, have read and understand Delaware County's Pre-Employment Drug Screening Policy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Delaware County**  
Emergency Medical Service  
100 West Main Street, Room 208  
Muncie, IN 47305  
Tel: 765.741.3397  
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## **Voluntary Affirmative Action Form** **(For Applicant Use Only)**

**PLEASE READ CAREFULLY:**

**This form is completely voluntary.** It is used solely to help us comply with government record keeping, reporting, and other legal requirements. We appreciate your cooperation. It will be kept completely separate from any application and is not a part of the application you submit. Applicants are considered for all positions. You may refuse to provide all or part of the requested data. Any refusal to provide information will NOT adversely affect your eligibility for employment.

No employee or candidate for employment shall, on the basis of race, color, gender, religion, age, national origin, marital status, veteran status, disability, sexual orientation, or other basis prohibited by law, not be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to, discrimination in any term or condition of employment with Delaware County.

**Sex (Gender):** ☐ Female ☐ Male

**Race/Ethnicity (check one):**

- ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original people of Europe, the Middle East, or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **American Indian or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Veteran Status:** ☐ Veteran ☐ Non-veteran

Please identify where you learned about an employment opportunity with this organization.

- ☐ Newspaper Ad ☐ Employee Referral ☐ Recruiter
- ☐ Website ☐ Tech School/College ☐ State Employment Service
- ☐ Other: \_\_\_\_\_





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# DELAWARE COUNTY E.M.S. VOLUNTEER'S WAIVER OF LIABILITY FORM

I, \_\_\_\_\_, the undersigned volunteer (hereinafter referred to as the "Releaser"), being over the age of twenty-one (21), have voluntarily chosen to participate in the Delaware County E.M.S. Volunteer Incentive Program (hereinafter referred to as the "Program"). I acknowledge that the Program involves training and subsequent engagement in observing, accurately identifying, and efficiently reporting dangerous events and or disasters. I recognize the risk and potential dangers of observing, identifying, and reporting dangerous events and or disasters, and agree to assume all risks pertaining to participation in the Program. For and in consideration of the training I will receive for the Program, I hereby agree to release, acquit, and forever discharge Delaware County, Indiana its officers, agents, and employees (hereinafter referred to as the "Releasees"), in their private and public capacities, from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, any and all known and unknown personal injuries and property damages, including any motor vehicle accidents on either public streets or private property, negligence claims and wrongful death claims and any other claims resulting or to result from my participation in the Program. I further agree and covenant, for the consideration provided above, not to file any claim, lawsuit or other proceeding, whether judicial or administrative, against the Releasees for any personal injury, property damage, wrongful death or other injury suffered by me (including but not limited to any negligence claims and wrongful death claims that may arise or result from my participation in the Program).

I acknowledge and hereby expressly state that in making this release and covenant not to sue, it is understood and agreed that:

1. I rely wholly upon my own judgment, belief and knowledge of the nature of my decision to participate in the Program; and
2. I have not been influenced to any extent whatever in making this release by any representations or statements made by the Releasees; and
3. I recognize and acknowledge that Delaware County makes no warranties, express or implied, as to the Program; and
4. I recognize and agree that while participating in the Program that I shall not be an agent, servant, or employee of Delaware County and will not be covered by Delaware County for any worker's compensation, death or disability benefits.

\*Continued on page 2\*

Initials\_\_\_\_\_

## Waiver of Liability Form Page 2 of 2

It is my express intention in signing this release to bind myself, my spouse, and my executors, administrators and assigns. This release is for the benefit of Delaware County, including but not limited to all of the Releasees, and all others who may be liable to me for damage to person or property arising out of my participation in the Program.

It is further agreed that the execution of this release shall not constitute a waiver by Delaware County, including but not limited to all of the Releasees, of the defense of sovereign immunity, when applicable, or any other defenses recognized by the courts of the State of Indiana or any Federal court under state or federal law. Acceptance of this release is not to be construed as an admission of any liability whatsoever by Delaware County, including but not limited to the Releasees.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

I, the undersigned, have carefully read the foregoing release and know and understand the contents thereof. I sign this release freely and voluntarily, with full knowledge of its significance, intending to be legally bound thereby.

Signature

Date

Name (print)

Street Address

Telephone Number

City, State & Zip Code





## Visual/Audio Image Release Form

*I grant permission to Delaware County Emergency Management ("DCEMA"), its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. DCEMA will not materially alter the original images. I agree that DCEMA owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as EMA-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-DCEMA uses.*

*I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.*

*I release DCEMA and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.*

*I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its contents, meaning and impact and I freely accept the terms.*

---

Name (please print)

---

Signature

---

Signature of parent or guardian if under 18 years of age

---

Date