



菲华消防紧急救助队

FEPAG

FIRE EMERGENCY PARAMEDIC ASSISTANCE GROUP

APPLICATION FOR PROBATIONARY MEMBERSHIP

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

PERSONAL DATA

FULL NAME:

Last Name,	First Name	MI	Nickname	Chinese Name
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Call Signs outside of FEPAG (if applicable) _____ 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 _____ Occupation _____

Self-employed Employed Unemployed GSIS/SSS No. _____

TIN No. _____ Business Name _____

Business Address _____

Business Tel No. _____ Fax No. _____

Current Position _____ Years in Service _____

Civil Status Single Married Widower Divorced

Name of spouse (if applicable) _____

No. of Children (if applicable) : ____

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL ATTAINMENT

	Name of School/College/University	Degree Earned	Date of Attendance
Elementary	_____	_____	_____
Secondary	_____	_____	_____
College	_____	_____	_____

Post Grad _____
Vocational _____

Military Services or Training (if applicable)

CIVIC & PROFESSIONAL AFFILIATION

Association/Organization	Address	Date of membership	Position held
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_____	_____	_____	_____
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IN CASE OF EMERGENCY, NOTIFY

Name _____ Relationship _____

Address _____ Tel No. _____

Name _____ Relationship _____

Address _____ Tel No. _____

Has your application ever been rejected by any organization? Yes No

If so, Please state the name of the organization and the reason

Name of the Organization _____

Reason for the Rejection _____

Have you been convicted for violating any law, decree, ordinance or regulation by any court or tribunal? Yes No.

Do you have any pending administrative/criminal case?

Yes No

If you answered "YES" to any of the above question, give particulars.

Name one (1) Regular FEPAG member acting as Sponsor

Name

Signature

Call Sign

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 membership shall be open to all applicants provided he/she possesses a firm belief in the aims, ideals and objectives of this organization. The applicant must have good moral character. He should never been charged or convicted of any moral turpitude or criminal offenses.

Application Requirements:

1. At least 18 years of age.
2. The applicant must have undergone and passed the Basic Life Support and Cardiopulmonary resuscitation training within 3 months from the time of application or has existing knowledge and/or experience in the paramedical field.
3. The applicant must have undergone and passed the FEPAG Emergency Medical Responder Training Program within 6 months from the time of application.
4. The applicant must have accomplished the application form and should have signed nomination from a regular member who is in good standing.
5. A recent 2 X 2 Picture to be attached to the application form.
6. The applicant shall pay the FEPAG the sum of P2,000.00 (Two thousand pesos) upon application, refundable when application is denied.
7. The applicant must 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. Transferees are required to submit a recommendation/clearance from his/her previous organization before being allowed to proceed with the membership procedure.

Membership procedure:

1. Upon the submission of the application form, the applicant will be interviewed and oriented by the membership committee with regards to the rules, regulations, SOPs, and Protocols of the group.
2. Upon the admission to FEPAG organization, the new member will have to undergo a probationary period of 3 to 6 months. This will provide both the FEPAG and the probationary member with ample time for qualified judgment concerning regular membership.
3. Probationary members are required to have a minimum of 50 participation. (Inclusive of fire responses and special operations) and likewise are expected to attend the regular monthly general membership meeting.
4. Probationary members are required to render 6 hours of duty every week at the FEPAG Headquarters.
5. Probationary members will be assigned a mentor from the roster of EMS officers of the group to serve as his or her guide during the probationary period. The mentor would also be the one to make the recommendation to the membership committee regarding the performance of the probationary member.
6. Probationary member will then be evaluated on or before the 6th month based on his/her performance and participation during operations, activities and meeting attendances.
7. Probationary membership status can be extended upon mutual agreement of the applicant and the membership committee - in conjunction with the recommendation of the mentor.
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

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.

MEMBERSHIP COMMITTEE ACTION

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

Date Filed: _____ Signature: _____

Probationary Call Sign Assignment: FEPAG 8-_____