



FOR PENNSYLVANIA DEPARTMENT OF HEALTH USE ONLY

Date Received: _____

Affiliate Number: _____

Regional Council: _____

APPLICATION FOR VOLUNTARY RESCUE SERVICE RECOGNITION

1. SERVICE IDENTIFICATION:

BUSINESS/CORPORATE NAME OF RESCUE SERVICE

IDENTIFYING NAME OF RESCUE SERVICE

PHYSICAL LOCATION OF RESCUE SERVICE HEADQUARTERS (must be supplied):

(STREET, RD, ROUTE, ETC.)

CITY STATE ZIP CODE + 4

MAILING ADDRESS OF RESCUE SERVICE: (must be supplied)

(STREET, P.O BOX, R.D., ROUTE, ETC.)

CITY STATE ZIP CODE +4

DAYLIGHT CONTACT PERSON: _____

BUSINESS TELEPHONE: (_____) _____

Physical address locations of any substations, other than headquarters, where vehicles are stationed full-time (if applicable):

a. _____
(STREET, R.D., ROUTE, ETC.)

CITY STATE ZIP CODE +4

b. _____
(STREET, R.D., ROUTE, ETC.)

CITY STATE ZIP CODE +4

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

Principal Official: (Administrative)

(PLEASE PRINT)

TITLE TELEPHONE

2. SERVICE CLASSIFICATION: (check all that apply)

Type of Organization

| | |
|--------------------------|------------|
| <input type="checkbox"/> | INDUSTRY |
| <input type="checkbox"/> | NON-PROFIT |
| <input type="checkbox"/> | FOR PROFIT |
| <input type="checkbox"/> | CAREER |
| <input type="checkbox"/> | VOLUNTEER |

| | |
|--------------------------|--------------|
| <input type="checkbox"/> | FIRE SERVICE |
| <input type="checkbox"/> | EMS |
| <input type="checkbox"/> | POLICE |
| <input type="checkbox"/> | GOVERNMENT |
| <input type="checkbox"/> | OTHER _____ |

ARE YOU QRS AFFILIATED AND/OR RECOGNIZED? YES NO

3. TYPE AND LEVEL OF SERVICE:

- BASIC RESPONSE LEVEL
- OPERATIONS RESPONSE LEVEL
- ADVANCED RESPONSE LEVEL

CURRENTLY SERVED
Primary Service Areas by Minor Civil Division (MCD)
(list areas by name and MCD Code Number)

| | |
|--|--|
| a. _____ b. _____ c. _____ d. _____ e. _____ | f. _____ g. _____ h. _____ i. _____ j. _____ |
|--|--|

List services that could be dispatched to emergency calls within your primary response area when you are unavailable.

| | |
|-----------------------|------------|
| a. Service Name _____ | Town _____ |
| b. Service Name _____ | Town _____ |
| c. Service Name _____ | Town _____ |

Type and number of personnel

| | | |
|--------------------------------|------------------------------|-------------------------|
| # _____ Basic Rescue Practices | # _____ Emergency Responder | # _____ First Responder |
| # _____ Basic Vehicle Rescue | # _____ Emergency Med. Tech. | # _____ EMT-Paramedic |
| # _____ Special Vehicle | # _____ PHRN | |

4. Public Access To Emergency Rescue Service:

a. Method Used by General Public In Your Area To Request A Rescue Service:

- 9-1-1 Number
- Local 7-digit Number

b. Method of Dispatch For Emergency Calls

- Providers Headquarters
- County 9-1-1 Center
- Municipal 9-1-1 Center
- Police Department
- Other (explain)

Communications Capability:

- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Dispatch center to Rescue-direct- 2 Way Communication on Public Safety Band Radio | <input type="checkbox"/> Yes | <input type="checkbox"/> NO |
| <input type="checkbox"/> HEARS | <input type="checkbox"/> Yes | <input type="checkbox"/> NO |
| <input type="checkbox"/> MED Radio | <input type="checkbox"/> Yes | <input type="checkbox"/> NO |
| <input type="checkbox"/> VHF | <input type="checkbox"/> Yes | <input type="checkbox"/> NO |
| <input type="checkbox"/> Ambulance Radio Communication | <input type="checkbox"/> Yes | <input type="checkbox"/> NO |
| <input type="checkbox"/> Cellular telephone capability (backup only) | <input type="checkbox"/> Yes | <input type="checkbox"/> NO |
| <input type="checkbox"/> Other: _____ | | |

5. RECORD KEEPING/DOCUMENTATION

Written documentation/policies addressing:

COPIES MUST BE ATTACHED TO APPLICATION

COPIES MUST BE AVAILABLE FOR INSPECTION

| | | |
|------------------------------|------------------------------|-----------------------------|
| Non-Discrimination Clause | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| EVOC Roster | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Personnel Roster | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Scene Control | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Record Keeping | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Mutual Aid, (rescue service) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| | | |
|-------------------------|------------------------------|-----------------------------|
| Infectious Control Plan | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Vehicle Meets DOT Gross | | |
| Vehicle and Axle Weight | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Standard Operating | | |
| Guidelines | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

6. VERIFICATION OF INFORMATION:

I, _____ have reviewed this application and all of the information
 (Name of Principal Official)
 contained herein, or submitted separately in support of the application, and verify that the information is accurate and complete.

 Signature of Principal Official Date

 Street Address

 City State Zip Code +4

NOTE: 18 Pa. C.S. Section 4904 provides that it shall be a crime to make written, false statement, or to submit any document which is false, to a public servant and, upon conviction, shall be punishable by imprisonment, the maximum of which is not more than two (2) years, and a fine not to exceed \$5,000.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR VOLUNTARY RESCUE SERVICE RECOGNITION

1. SERVICE IDENTIFICATION

BUSINESS/CORPORATE NUMER OF RESCUE SERVICE-- the correct name of the legal entity operating the rescue service.

IDENTIFYING NAME OF RESCUE SERVICE -- any name which may be used as the advertised name or to identify the vehicles operated by the entity.

PHYSICAL LOCATION OF RESCUE SERVICE HEADQUARTERS -- the physical location of the services headquarters. The home address of the principal official should not be listed here.

MAILING ADDRESS OF THE RESCUE SERVICE -- the complete mailing address of the service as listed by the United States Postal Service (Street, RD, Route, PO Box etc.).

BUSINESS TELEPHONE -- the telephone number of the service.

LOCATION OF ANY SUBSTATIONS -- the locations of any substations which the service operates, other than its headquarters, and station's vehicles on a full-time basis.

PRINCIPAL OFFICIAL -- the name of the highest ranking administrative officer of the rescue service (please PRINT).

TITLE --the official title of the principal official.

TELEPHONE -- the telephone number where the principal official may be contacted during normal business hours.

2. SERVICE CLASSIFICATION

TYPE OF ORGANIZATION – Check the type which describes the organization the majority of the time. Also check the type of affiliation that the service has with any of the identified types. *(Check one box only for each.)*

3. TYPE AND LEVEL OF SERVICE

INDICATE THE TYPE AND LEVEL OF SERVICE – for which you are applying.

PRIMARY SERVICE AREAS BY MINOR CIVIL DIVISION (MCD) -- list the five digit MCD number and the name of the political subdivision for each MCD in which the service has requested to be dispatched by a communications center as a primary (first due) rescue service. If more than ten MCDs are serviced, attach an addendum listing them. MCD codes are commonly referred to as Geographical Site Codes.

LIST MUTUAL-AID SERVICES THAT PROVIDE PRIMARY RESCUE SERVICE WHEN YOU ARE UNAVAILABLE -- list all rescue services with which you have a mutual-aid agreement to cover your primary response service areas when your service is unavailable. (These services must be the closest and must be able to reach your primary response area within the recommended time frames.)

TYPE AND NUMBER OF PERSONNEL -- indicate the number of personnel which fall into each category.

4. PUBLIC ACCESS AND DISPATCH OF EMERGENCY AMBULANCE SERVICE

(a) indicate the method used by the general public to request emergency ambulance service. (b) check the box which indicates where the call is accessed and from where the service is dispatched.

COMMUNICATIONS CAPABILITY -- check each box which represents the communication capabilities of the service's vehicles when responding to a request for assistance and when transporting a patient. NOTE: Medical command capability indicates the service's ability to contact and converse directly with a medical command physician on a regular basis.

5. RECORD KEEPING/DOCUMENTATION

WRITTEN DOCUMENTATION/POLICIES ADDRESS -- the service should indicate in the right column whether or not the service has written documents addressing each listed policy on the left. The purpose of this is to assure the inspector that the policies have been addressed in writing and can be produced for inspection. **Copies must be attached to the application where asked for.**

6. VERIFICATION OF INFORMATION

NAME (printed) -- place the full name of the principal official whose signature appears below.

SIGNATURE OF PRINCIPAL OFFICIAL -- the individual whose name appears above must sign the application.

STREET ADDRESS -- place the address in which specifically the principal official may be contacted. This may be a business or home address. Please indicate a "B" for business and a "H" for home.

CITY/STATE/ZIP CODE -- self explanatory.

DATE -- indicate the date the application is intended to be submitted to the regional council.