



XPLOREERS

Central Bucks EMS

Welcome to Xplorers

Thank you for your interest in Central Bucks EMS Xplorers!

We are glad that you are considering becoming a member of our youth organization. This packet will provide you with the necessary information and paperwork needed to join us and will hopefully provide answers to many of your questions. Please find included:

- Youth Application
- Standard Operating Procedures & Handbook *with* receipt form (please note that section 420 Leadership will not be implemented until further notice)
- Emergency Contact Form
- Photograph & Video Model Release Form

In addition to the paperwork outlined above, we require annual dues from all members. Our dues' schedule is as follows:

- New members - \$25.00 per year due with application
- Renewal membership is accepted January of each year - \$25.00 per year

Payments are accepted in cash or check, with checks made payable to Central Bucks EMS. Payment should be made at the time an application is submitted. Once your application is submitted, you will receive an Xplorers uniform T-shirt and at the first medical stand-by you attend you will receive your MEDICAL T-shirt.

We meet weekly on Wednesday evenings from 19:00-20:30 (7:00 p.m. to 8:30 p.m) and our group is run by youth elected leadership as well as adult Advisors. Our policy is to allow visitors to attend two meetings prior to making a decision regarding membership.

Information regarding the post including events and training schedules can be found at the following locations:

- CBEMS.org/xplorers
- facebook.com/CBExplorers/

If you have any additional questions, you can reach the Lead Advisor of the post, Robert Dorfman at his office number: 215-343-2499 or Xplorers@PeregrineAssociates.com.

We look forward to having you join us!

P.S. We do request that if you are not feeling well, you do not attend any meetings or events. If you test positive for Covid, please contact Robert at the above number for further instruction.



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Confirmation of receipt of SOP - Handbook

My signature below confirms receipt of the Xplorers *Standard Operating Procedures & Handbook*.

I acknowledge that it is my responsibility to read the handbook and ask the leadership any questions regarding the information contained therein.

Print Name _____ Signature _____

Date _____

If the Xplorer or applicant is under 18 years of age, a parent or legal guardian must also acknowledge they will read the *Standard Operating Procedures & Handbook*.

Parent Legal Guardian

Print Name _____ Signature _____

Date _____



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Youth Application

XPLORER INFORMATION

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Current Age _____ Current Grade _____

Home _____ Mobile _____

Email _____ Tshirt Size _____

EMERGENCY CONTACT INFORMATION (Parent or Guardian information)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home _____ Mobile _____ Work _____

References

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

COMMUNICATIONS

At times, communications are conducted through a group text system called REMIND as well as individual texting, emails and phone calls. We ask your permission to use any, some or all of these avenues. Please check which we may use. If you are under 18, a parent or legal guardian must fill this section out:

REMIND Text Emails Phone

Please read and sign the following statement:

I, _____, understand the information on this application will be investigated and verified. I give consent to the said investigation by the officials and/or representatives of Central Bucks EMS / Central Bucks EMS Xplorers. By my signature below, I certify that the information contained in my application is true and correct to the best of my ability. I am aware that falsification by me, or this information can result in revocation of my application for membership or expulsion.

I agree to abide by the rules set forth in the Xplorers Hand-Book and by Central Bucks EMS' By-Laws, Standard Operating Policies, House Rules and any other regulations set forth by the Xplorers and/or the squad.

Applicant's Signature _____ Date _____

Parent or Legal Guardian consent is required if the applicant is under 18 years of age.

I/We, the parent(s)/guardian(s) of, _____ hereby give my/our consent that the above named applicant may participate in activities of Central Bucks EMS Xplorers. I/We understand that we must attend a "Meet & Greet" with the advisors within the first month of membership.

Parent / Guardian Signature _____ Date _____

Received Date: _____ Fee Paid \$ _____ Cash Check # _____ Date _____



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Emergency Contact & Medical

XPLORER INFORMATION

Today's Date _____

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Current Age _____ Current Grade _____

Home _____ Mobile _____

Email _____

EMERGENCY CONTACT INFORMATION (Parent or Guardian information)

Emergency Contact #1 Name _____ **Relationship** _____

Address _____

City _____ State _____ Zip _____

Home _____ Mobile _____ Work _____

Emergency Contact #2 Name _____ **Relationship** _____

Address _____

City _____ State _____ Zip _____

Home _____ Mobile _____ Work _____

Medical History _____

Medications:

1) _____ 2) _____

3) _____ 4) _____

Allergies:

1) _____ 2) _____

3) _____ 4) _____



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Photograph/Video Model Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Xplorer's website page
- Media for promotional purposes
- Posters, Post Cards, Slim Jims, etc.
- Educational videos
- Diverse presentations and courses
- Commercial broadcasting

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public setting.

I waive the right to be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the Xplorers's activities.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent/Guardian Signature _____ Date _____