



United States Homeland Emergency Response Organization

ADULT MEMBERSHIP APPLICATION

US HERO is an all volunteer emergency response organization, and is a non-profit, charitable corporation without the support of tax dollars. Funding comes from membership dues, charity events, and grants. US HERO is a partner with local and regional disaster relief organizations and performs services with governmental agencies and private organizations.

Dear Prospective Member:

Thank you for your interest in US-HERO. US-HERO membership is open to all persons, who meet the membership requirements. Membership is obtained without regard to race, gender, color, creed, religion, disability or ethnic orientation.

As a first responder organization, maintaining Public Trust is our highest priority. For the protection of our members and those we serve, all new members are subject to a background check, as required by state and federal guidelines for emergency responders. Any false or misleading information provided by the volunteer or unsatisfactory background investigation reports are grounds for immediate termination.

Eligibility

- Minimum of 18 years of age
- No disqualifying offenses
- US citizen or legal resident

Disqualifications to Membership:

- Felony conviction
- Registered sex offender
- Military discharge of less than an Honorable Discharge
- Use of illegal drugs within the last 10 years
- Conviction of a DUI within the last 5 years
- More details can be found on the US-HERO website

INSTRUCTIONS (READ THIS)

1. Complete the criminal background check using the attached instructions from MyBackgroundCheck, located on the US-HERO website. This costs \$13.95. *Not required if you are an employed Law Enforcement Officer, Fire Fighter or EMT.*
2. Once your background check is completed, make a copy of your certificate to attach to your membership application.
3. Get your fingerprint card completed by law enforcement and attach to your application package.
4. Fill out this application completely. If a question is not applicable, put N/A.
5. Attach a personal check or money order (no cash), made out to US-HERO for your annual membership.
 - 1 Jan – 30 Jun - \$40.00
 - 1 Jul – 31 Dec - \$20.00
6. Have the Captain or Personnel Officer for the unit you are joining fill out and sign the Captain's Block.
7. Copy of DD-214 or NGB22, if prior military.
8. Mail the completed and signed application, background check certificate or proof of employment as a police officer, firefighter or EMT , fingerprint card and check to:

**US-HERO - Membership
P.O. Box 90453
Austin, Texas 78709-0453**

NOTE: Incomplete or unsigned applications will not be processed and will be returned.





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(Please Print Legibly)

Date of Application: _____

Name of Applicant: _____

Last Name, First Name, Middle Name

Current Address: _____

Current Mailing Address: _____

City State Zip: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

SSN: _____ **REQUIRED**

Date of Birth: _____ Place of Birth: _____

mm/dd/year

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Are you currently employed? Yes No

If yes, Name/Address/Phone # of current Employer:

Normal hours of employment: _____

In case of Emergency, Contact:

Name Address Phone Number

Do you possess a valid Driver's License? Yes No

State: _____ Lic. # _____

Have you ever served in the military? Yes No

If yes, What Branch? _____

please provide a copy of your DD-214/NGB22

Do you want a US-HERO Email Address? Yes No

Please provide the password you desire for the US-HERO database system

No more than 8 characters: _____ ***Required**

Please provide your current email address (We do not sell this information):

Have you ever been convicted of any misdemeanor or felony charges?

(Do not include minor traffic offenses):

Yes No If yes, please explain: _____

I affirm that the information I have given on this application is true and correct.

I understand that there are costs involved pertaining to dues, uniform, and equipment, which are required as a member.

Being a member of US HERO is a privilege, not a right. I have read and understand the policies of US HERO (located on US HERO website) and I agree to comply with such;

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection of this application:

SIGNATURE OF APPLICANT

DATE

LEADER ONLY:

Unit Joining: _____

Captain's Signature: _____



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MEMBERSHIP APPLICATION

WAIVER OF LIABILITY

I understand that emergency service (Search & Rescue and Disaster Response & Relief) operations and training are activities that involve many dangers, and I accept and assume the inherent risks associated with such activities. I fully understand that it is my responsibility to become knowledgeable, stay constantly alert for dangers to others and myself and to decline to participate in any activity for which I am unqualified or unable to safely perform.

I certify that I am over the age of 18 and in suitable physical condition to withstand the rigors of emergency service operations and training if applicable to my specialties. I further understand that it is my responsibility to become and remain physically fit to the degree required for my particular specialties. In the course of emergency service operations I acknowledge that it is possible that I may come in contact with blood borne diseases including but not limited to hepatitis and HIV, or diseases which may be transmitted through contact with other bodily fluids or tissue. It is solely my responsibility to consult with my physician to: (i) learn about the risks to which I may be exposed as a result of United States Homeland Emergency Response Organization (US-HERO) activities and appropriate vaccinations, if any, to reduce the risk of infection, (ii) evaluate whether I have the appropriate fitness level for such activities and (iii) take (or decline to take) the advice of my physician with respect to such matters.

I personally accept all the risks, whether known to me or not, and hereby, for myself, my family and heirs and administrators, waive and release any and all rights and claims for damages I may have against United States Homeland Emergency Response Organization (US-HERO), or any of the respective members, officers, Board of Directors, and agents or representatives, because of any and all injuries suffered by me while participating in emergency service operations or training or travel to and from same. In case of accident, illness or other incapacity, I understand

that I must pay my own medical and/or evacuation expenses, whether or not authorized by me, which are not covered by the medical accident insurance carried by United States Homeland Emergency Response Organization (US-HERO).

I agree to fully indemnify and hold harmless United States Homeland Emergency Response Organization (US-HERO) and its members, officers, Board of Directors, agents and representatives for all of its costs, expenses, and damages arising from or attributable to any claims or actions I might make or bring against United States Homeland Emergency Response Organization (US-HERO) which have been specifically released by me in this document. I agree that in the event any part or portion of this Release from Liability is found to be void or unenforceable, then such part or portion will be stricken but the rest of this document will be given full force and effect.

I have read and fully understand the above:

Printed Name:

SSN: _____ - ____ - _____

Signature:

DATE: _____

