

# Application for Membership



*The Gift of Life*



# WESTPORT VOLUNTEER EMERGENCY MEDICAL SERVICE

## TOWN OF WESTPORT, CONNECTICUT



Applicant:

Thank you for your interest in volunteering with Westport Volunteer Emergency Medical Service (WVEMS). WVEMS was established in 1979 to address the community's need for emergency medical services. WVEMS is proud to be closely affiliated with Westport Police Department, thus providing its members a unique opportunity to work closely with police officers with the unified purpose of providing a safe and healthy community.

Emergency medical responders (EMRs), emergency medical technicians (EMTs), and paramedics volunteering with WVEMS have the opportunity to develop a strong sense of self-reliance, personal responsibility, and accomplishment through participation in educational classes, hands-on activities, social events, special events, and ambulance staffing. A strong emphasis is placed on civic duty; didactic and practical training; leadership; and mental and physical fitness.

WVEMS is also proud of its Youth Corps – comprised of high school-aged EMR and EMT volunteers. Youth Corps members perform their duties under the direct supervision of crew chiefs and/or paramedics. WVEMS provides Youth Corps members with the opportunity to learn about professional communication, healthcare, public health, and public safety, but also expects all members to balance their dedication to the community with their schoolwork and school schedule. Members are expected to maintain a 'C' average (2.5 GPA) in high school while volunteering with WVEMS. Students experiencing difficulty in school are encouraged to take a leave of absence to dedicate additional attention to their studies.

Thank you for your interest in joining Westport Volunteer Emergency Medical Service!

Board of Directors  
Westport Volunteer Emergency Medical Service  
50 Jesup Road  
Westport, CT 06880  
Main: (203) 341-6081  
Fax: (203) 454-6157

Please direct any questions regarding this application to:

Mark Blake, EMT  
Member Relations Coordinator  
Office: (203) 341-6032  
E-mail: [mblake@westportct.gov](mailto:mblake@westportct.gov)

or

Kevin Doherty, Paramedic  
Senior Advisor, Youth Corps  
Office: (203) 341-6003  
E-mail: [kdoherly@westportct.gov](mailto:kdoherly@westportct.gov)



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**TOWN OF WESTPORT, CONNECTICUT**



**APPLICATION FOR MEMBERSHIP**

Complete in blue or black ink & print one-sided only

**PERSONAL INFORMATION:**

**DATE OF APPLICATION:** \_\_\_\_\_

**Name:**

\_\_\_\_\_ Last First Middle

**Address:**

\_\_\_\_\_ Street Apt City State Zip

**Contact Information:**

\_\_\_\_\_ Home Phone Mobile Phone E-mail

**Social Security Number (required):**

**Date of Birth:**

**EMERGENCY CONTACTS:**

**Name:**

\_\_\_\_\_ First Middle Last Relation

**Contact Information:**

\_\_\_\_\_ Home/Work Phone Cellular Phone E-mail

**LICENSES/CERTIFICATIONS (required; please attach copies):**

	Type/Number	Expiration Date	Certifying Agency
EMR/EMT/Paramedic			State of Connecticut, Department of Public Health
Driver's License			
CPR			American Heart Association
Passport OR Green Card OR Birth Certificate			



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**EDUCATION:**

	School/Institution	Year of Graduation	Degree/Concentration
High School			
College			
Other Education			

**CURRENT/RECENT EMPLOYMENT:**

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed, and reason for leaving, if any:

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**INTERESTS/HOBBIES/HONORS/AWARDS:**

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**VOLUNTEER WORK/SPORTS TEAMS/OTHER ACTIVITIES:**

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**Have you ever been charged with a motor vehicle violation or a crime? Yes / No**  
**If yes, please explain (attach separate sheet if needed):**

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**IMMUNIZATIONS:** You must include a copy of your most recent immunization records.

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## HEALTH HISTORY QUESTIONNAIRE

**All questions contained in this questionnaire are strictly confidential.  
 Attach most recent physical exam results (must be within 1 year of application date).  
 Please attach additional sheets as needed.**

<b>Primary Care Physician:</b>	<b>Date of last physical exam:</b>
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### **Medical Diagnoses**


### **Surgeries**

Year	Procedure	Hospital/Institution

### **Non-surgical Hospitalizations**

Year	Reason/Diagnosis	Hospital/Institution

### **List any medications you take regularly or emergently**

Name	Dose	Frequency

### **List any allergies to medications and/or foods (e.g. penicillin, peanuts)**

Name	Signs/Symptoms of Reaction



## Physical Requirements

The job of emergency medical personnel in the out-of-hospital setting is physically demanding. The National Association of Emergency Medical Technicians reports that:

- EMS providers are several times more likely than the average worker to miss work as a result of injury;
- Half of all EMS providers suffer back pain annually;
- One of every four EMS providers will suffer a career-ending injury within the first four years of service;
- Back injury is the most frequently cited reason for leaving EMS; and
- Back injuries often result from cumulative wear and tear.

To prevent injury, candidates must meet minimum physical ability requirements in order to join WVEMS. Candidates must attest to their ability to complete the following:

- Wear a forty (40) pound weight vest and climb stairs for 2 minutes at a rate of 50 steps per minute without holding on to or leaning on any object;
- Complete two (2) minutes of compression-only CPR on a mannequin with proper rate, depth, and recoil;
- In a sitting position with legs straight, touch toes with hands and hold for five (5) seconds;
- Using proper lifting technique, lift a one hundred fifty (150) pound barbell floor-to-waist and place it back on the floor;
- Using proper lifting technique, lift a one hundred (100) pound barbell floor-to-waist and walk a straight line for thirty (30) feet, and then turn around, return to the starting point, and place the barbell on the floor;
- Perform fifteen (15) push-ups with no more than five (5) seconds between repetitions and without resting on the floor and;
- Perform fifteen (15) sit-ups with no more than five (5) seconds between repetitions and without resting on the floor.

I declare that I am able to complete the tasks above. I understand that any misrepresentation of my ability will be sufficient cause for discipline and/or dismissal from Westport Emergency Medical Service and/or Westport Volunteer Emergency Medical Service now or at any time thereafter.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if applicant is <18-years-old)

\_\_\_\_\_  
Date



## Applicant's Attestation

**Please read the following statement and sign in the presence of a Notary Public:**

I hereby certify that I have not been convicted of a crime involving moral turpitude (e.g. fraud, perjury, tax evasion, theft, embezzlement, solicitation, etc.) within the last three (3) years, nor am I currently addicted to alcohol or drugs – either prescription or illicit.

My signature below acknowledges that, upon acceptance of my application, I shall be provided with the policy and procedures manual for Westport Emergency Medical Service and Westport Volunteer Emergency Medical Service. I understand that I am responsible for the comprehension of and adherence to the contents of this manual and that failure to adhere to its policies and procedures may result in discipline and/or dismissal.

I declare that the statements made within this application are true and correct to the best of my knowledge. I realize that falsification of any information on this application is grounds for disqualification now or at any time thereafter. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for discipline and/or dismissal from Westport Emergency Medical Service and/or Westport Volunteer Emergency Medical Service now or at any time thereafter.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if applicant is <18-years-old)

\_\_\_\_\_  
Date

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, (name of notary) \_\_\_\_\_, the undersigned officer, personally appeared (name of applicant) \_\_\_\_\_, known or proven to me to be the person whose name is subscribed to this attestation and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand,

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date Commission Expires



## Authorization for Release of Personal Information

To all courts; probation departments; selective service boards; employers; educational institutions; bank, financial, and other such institutions; and all government agencies (federal, state, and local) – without exceptions – both foreign and domestic:

I have authorized Westport Police Department, on the behalf of Town of Westport, Connecticut and Westport Volunteer Emergency Medical Service, to conduct a full investigation into my background and activities.

I have received “Summary of Your Rights Under the Fair Credit Reporting Act.” I agree to hold harmless the Town of Westport and Westport Volunteer Emergency Medical Service for any liability incurred by the execution of this instrument. I also agree to hold harmless from any liability any agency, actor, individual, or entity that complies with the execution of this instrument.

Negative information in the background check will not automatically disqualify the applicant from recruitment; however, the falsification or intentional omission of information during the application process constitutes grounds for rejection of the applicant or termination of his/her/their volunteer status if recruited.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of Westport Police Department. I further understand that this release shall apply to all results from any previous polygraph and/or psychological examination(s) conducted and will entitle Westport Police Department to a written copy of such report(s).

This authorization shall supersede and countermand any prior request or authorization to the contrary and a photocopy of this authorization will be considered as effective and valid as the original.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Commission Expires



## Shift Availability Worksheet

Westport Volunteer Emergency Medical Service offers three (3) daily shifts for all new members, and two (2) additional weekday shifts reserved for Youth Corps members after school hours. Please mark your anticipated availability on the worksheet below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>07:00-13:00 (7AM-1PM)</b>							
<b>13:00-18:00 (1PM-6PM)</b>							
<b>18:00-23:00 (6PM-11PM)</b>							
<b>15:00-18:00* (3PM-6PM)</b>							
<b>18:00-21:00* (6PM-9PM)</b>							

\* Youth Corps Only (new members under 18-years-old and/or enrolled in a high school)



## **\*<18-years-old only\***



In addition to the Medical History Questionnaire form that you just completed, you must also provide a copy of a Student Health Assessment Form completed and signed by your pediatrician or family doctor. Connecticut public schools and most extracurricular programs require this form prior to admission or attendance.

You will be in close proximity to fellow students during EMR programs, EMT programs, and/or monthly in-service meetings (especially during practical sessions). In addition, once you are certified and actively working in the field, you will be in contact with patients who may have been exposed to, or be infected with, any variety of illnesses. In order to ensure your safety, as well as that of your fellow students and healthcare providers, we require that this form remain on file with us in order to verify that you are currently immunized with required and recommended vaccinations.

Please attach a copy of the Student Health Assessment Form prior to submitting this application.

Parents and Youth Corps applicants must also complete the Parental Release Form. It is strongly urged that parents review with the applicant the potential risks of volunteering as a first responder. If either the applicant or his/her parents have any questions about policies and procedures pertaining to the Youth Corps, please contact:

Kevin Doherty, Paramedic  
Senior Advisor, Youth Corps  
Office: (203) 341-6003  
E-mail: [kdoherthy@westportct.gov](mailto:kdoherthy@westportct.gov)



## **Youth Corps Parental Release Form**

There are inherent risks for any individual working in emergency services. Risks include but are not limited to:

- Exposure to communicable diseases such as hepatitis, tuberculosis, human immunodeficiency virus (HIV), and meningitis;
- Exposure to violent and/or mentally disturbed persons;
- Exposure to incidents that could be physically and/or psychologically harmful;
- Exposure to incidents involving friends and/or family members;
- Risk of physical injury from lifting patients, carrying equipment, and from motor vehicle collisions during routine and/or emergency ambulance operations;
- Exposure to biohazards such as blood and other bodily fluids; and/or
- Exposure to hazardous materials released accidentally or intentionally at an incident.

Westport Volunteer Emergency Medical Service mitigates risk by requiring annual safety education and by using the following equipment, procedures, and techniques:

1. In order to reduce the risk of contracting communicable diseases, gloves, masks, and additional personal protective equipment are available for training and every patient contact. Gloves are worn to provide a barrier against the common carriers of communicable diseases whenever a rescuer is in contact with a patient. Barrier devices (e.g. goggles, gowns, etc.) are utilized to prevent disease transmission between patient and provider. Isolation masks are worn when a patient is known to have or is suspected of having a communicable airborne disease. Hepatitis B vaccination is required prior to becoming a member, and tuberculosis screening is performed annually. Self-capping intravenous angiocatheters and medical biohazard waste containers are utilized to reduce the risk of accidental needle sticks and exposure to pathogens. All members receive service-specific training in airborne and bloodborne pathogen protection and are required to attend annual refresher classes.
2. When dealing with violent or combative patients, police officers are dispatched to the incident and are primarily responsible for physical restraint. As an added precaution, Youth Corps members will not be permitted to engage a violent patient, to assist in the restraining of these patients, or to provide patient care during transport without police or adult EMT/paramedic supervision.
3. Every first responder has the potential of being exposed to a traumatizing incident; however, care is taken to limit the exposure of Youth Corps members whenever possible. Support programs and counseling sessions are available. If a member arrives at an incident that involves a close friend or family member, every effort is



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taken to relieve that member of their responsibilities and reunite them with their family.

- 4. In order to reduce the risk of physical injury while lifting patients or equipment, each member is trained in proper lifting and carrying techniques and in the use of all relevant equipment. When engaged in lifting or moving a patient, all attempts are made to avoid placing excess strain on a single provider. The risk of injury from automobile accidents is reduced by having all drivers complete a rigorous training program in emergency vehicle operations and by requiring all occupants in moving vehicles to wear a seatbelt when not directly engaged in patient care activities.
- 5. In order to minimize the risk of exposure to hazardous materials, Youth Corps members will not be permitted to respond to or operate at a known hazardous material incident.

**----- PARENTAL RELEASE -----**

Having read the above material and understanding the common risks associated with working in emergency services, I hereby give permission for my child, (name) \_\_\_\_\_, to join Westport Volunteer Emergency Medical Service, attend sponsored emergency medical responder and/or technician training program(s), and/or work as a member of Westport Volunteer Emergency Medical Service upon achieving certification by the State of Connecticut Department of Public Health.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship



## **Application Checklist**

Complete this checklist prior to submitting your application:

- Application for Membership (completed in its entirety)
  - Copies of licenses and certifications
- Health History Questionnaire
  - Physical Exam Results (within one [1] year of application date)
  - Copy of Immunization Records
- Applicant's Attestation (requires notary public)
- Authorization of Release of Personal Information (requires notary public)
- Shift Availability Worksheet
- If under 18-years-of-age:
  - Youth Corps Parental Release Form
  - Student Health Assessment Form
- Retain copy of application
- Retain Appendices A-D (do not submit with application)
- Submit application in person or by mail to:

Westport Volunteer Emergency Medical Service  
50 Jesup Road  
Westport, CT 06880  
(203) 341-6081



## **APPENDICES**

**Retain these documents for future reference.**

- A. Job Description of the Emergency Medical Responder
- B. Job Description of the Emergency Medical Technician
- C. Job Description of the Paramedic
- D. Fair Credit Reporting Act



## **Appendix A**

### **Job Description: Emergency Medical Responder**

The emergency medical responder's (EMR) scope of practice includes simple, non-invasive interventions intended to reduce the morbidity and mortality associated with acute medical emergencies. The provider's oral and physical assessments determine the patient's treatment and determine what additional resources are required. The EMR provides care designed to minimize secondary injury and to comfort the patient and family while additional resources are mobilized.

At Westport Volunteer Emergency Medical Service (WVEMS), EMRs serve as a part of the crew on transporting ambulances; however, the EMR is not intended to be the highest-level caregiver in such situations. They must function with an EMT or a paramedic during patient transport. The scope of practice model of an EMR is limited to simple, effective skills that can be performed safely in an out-of-hospital setting.

The EMR must be fluent in the English language (being able to speak, understand, and write it) and must be capable of lifting and carrying patients on stretchers, stair chairs, and other specialized equipment. The EMR must also maintain the following certifications for eligibility to volunteer with WVEMS:

- State of Connecticut Emergency Medical Responder
- American Heart Association BLS for the Healthcare Provider



## **Appendix B**

### **Job Description: Emergency Medical Technician**

The emergency medical technician's (EMT) scope of practice includes basic skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a healthcare facility, between healthcare facilities, or in other healthcare settings.

At Westport Volunteer Emergency Medical Service (WVEMS), EMTs perform a vital role in providing patient care and transport. EMTs are the primary out-of-hospital healthcare provider tasked with assessing a scene, developing an action plan, choosing appropriate treatment modalities, and implementing treatment algorithms to provide care for acutely ill and/or injured individuals. EMTs work alongside emergency medical responders and paramedics to accomplish this goal. EMTs are also charged with interfacing with other agencies to coordinate patient care, including but not limited to Westport Police Department, Westport Fire Department, Connecticut State Police, Department of Public Health, Department of Children and Families, other EMS agencies, home healthcare organizations, and extended care facilities.

An EMT's scope of practice includes basic, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, EMTs minimize secondary injuries and provide comfort to the patient and the patient's family while transporting the patient to a regional hospital.

The EMT must be fluent in the English language (being able to speak, understand, and write it) and must be capable of lifting and carrying patients on stretchers, stair chairs, and other specialized equipment. The EMT must also maintain the following certifications for eligibility to volunteer with WVEMS:

- State of Connecticut Emergency Medical Technician
- American Heart Association BLS for the Healthcare Provider



## **Appendix C**

### **Job Description: Paramedic**

The paramedic's scope of practice includes basic and advanced skills focused on the acute management and transportation of the broad range of patients who access the emergency medical system. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

The paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. Paramedics minimize secondary injury and provide comfort to the patient and family while transporting the patient to a nearby hospital.

The paramedic has knowledge, skills, and abilities developed by appropriate formal education and training. He/she has the knowledge associated with, and is expected to be competent in, all of the skills of the emergency medical responder and emergency medical technician. The major difference between the paramedic and other out-of-hospital providers is the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

The paramedic must be fluent in the English language (being able to speak, understand, and write it) and must be capable of lifting and carrying patients on stretchers, stair chairs, and other specialized equipment. The paramedic must also maintain the following licenses/certifications for eligibility to volunteer with WVEMS:

- State of Connecticut Paramedic
- American Heart Association BLS for the Healthcare Provider
- American Heart Association Advanced Cardiac Life Support
- American Heart Association Pediatric Advanced Life Support
- Norwalk Hospital Medical Control



## Appendix D

### Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.



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- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).



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States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 (800) 613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P.O. Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 (800) 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 (703) 519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 (877) 275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 (202) 366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture