FIRST CHOICE AMBULANCE

Employee SMS Consent Form

Employee name: _____

Mobile number: _____ Employee ID: _____

ABOUT THESE TEXTS

First Choice Ambulance sends automated work-related text messages about shifts and schedule changes, new or updated run assignments, vehicle maintenance, certification expirations, and employee operational notices. Message frequency varies with your schedule and responsibilities. No marketing messages are included. Patient names and clinical details will not be included; use the secure employee application for run details.

SMS TERMS AND PRIVACY

Message and data rates may apply. SMS delivery is not guaranteed. Continue to use established dispatch, radio, and telephone procedures for urgent assignments. Reply STOP to unsubscribe or HELP for assistance. You may also contact your supervisor or the station manager for help or to withdraw consent. Notify management if your mobile number changes or is no longer yours.

Your number and consent record will be used to administer employee alerts and maintain consent records. Mobile information and SMS consent will not be sold or shared with third parties or affiliates for marketing or promotional purposes. Service providers may process this information only as needed to deliver and support the messaging service. Completed forms and scans are restricted to authorized personnel.

YOUR CHOICE - CHECK ONE

☐ YES, I consent. I voluntarily agree to receive the employee text messages described above at the number I provided. I confirm that I am authorized to use this number and have read the SMS terms and privacy information.

☐ NO, I decline. Please use established non-SMS communication methods.

SMS consent is optional and is not a condition of employment or access to the employee application. Declining or withdrawing consent does not remove your responsibility to review your schedule and receive assignments through established alternatives.

Employee signature: _____ Date: _____

OFFICE USE ONLY - KEEP WITH EMPLOYEE RECORD

Received by: _____ Date: _____

Scan filename / record reference: _____