

Shawsville Volunteer Rescue Squad

Application Checklist

Please make sure that all sections of the application, including all signatures and currently held certifications are attached before submission of this application. Thank you for your interest in becoming a member of SVRS!

- ✓ Completely filled out application (includes DMV driving record)
- ✓ Current CPR card (if available)
- ✓ All current Virginia and National Registry EMT certifications (if available)
- ✓ All other EMS related certifications (EVOC, Extrication, etc.)
- ✓ Copy of most recent report card (Junior members only)

The Application Process

Interview	Once your application has been submitted and reviewed, an interview may be extended to you after it has been read at the next business meeting.
Application Review	After your interview, the Deputy Chief and the membership committee may make the recommendation and then a vote by the squad will be held at the next business meeting.
Probationary Period	Once the squad votes you on, your six-month probationary membership begins. You will attend training events, observe senior members run calls, and complete the precepting process before becoming cleared to run calls on your own. Once you complete this process, a vote will take place at a business meeting to approve you as a non probationary member. Probationary membership can be longer for senior and junior members because they must get their EMT certification before coming off probation.

Application may be dropped off or mailed:

Shawsville Volunteer Rescue Squad, Attn: Deputy Chief, P. O. Box 14, Shawsville, VA 24162

Membership Categories

SVRS offers several categories of membership to allow flexibility for members with other full time commitments, senior members are broken into three categories as noted below. Junior members are members over the age of 16 who are still in high school that train and go on calls with members of the senior crew.

Membership

Requirements

Senior

Runs a duty night from 6pm-6am and a Weekend Duty. If you do not live within the Shawsville VRS coverage area, you are required to stay at the crewhall or somewhere within the run area. Maintain a minimum of an EMT, CPR and EVOC (if a cleared driver) certification. You will be required to participate in other squad functions as they are scheduled, such as fundraisers, standbys, building & grounds cleanup and vehicle inventory, business meetings and training.

Associate

Maintain a minimum of an EMT, CPR and EVOC (if a cleared driver) certification. Maintain a minimum of 26 hours of service a month, including trainings, standbys, and other squad related business. You will be required to participate in other squad functions as they are scheduled, such as fundraisers, standbys, building & grounds cleanup and training.

Driver

Maintain a minimum of EVOC and CPR certification. Maintain a minimum of 10 hours of service a month, including trainings, standbys and other squad related business. You will be required to participate in other squad functions as they are scheduled, such as fundraisers, standbys, building & grounds cleanup and training.

Junior

High school students at least 16 years of age. Run a duty night. If it's a school night you will only be able to run until 10pm. Non-school nights, you may run the full duty shift 6pm-6am and Weekend Duty. A junior member will maintain a "C" average or better. You will be required to participate in other squad functions as they are scheduled, such as fundraisers, standbys, building & grounds cleanup and Vehicle Inventory, business meetings and training.

APPLICATION

Please indicate which membership type you are applying for:

Senior _____ Associate _____ Driver _____ Junior _____

*******If you are applying for any membership type other than Driver you will be required to obtain a successful Emergency Medical Technician (EMT) Certification within two years from the application date.*******

Demographics

Full Name: _____

Date of Birth: _____ E-Mail: _____

Current Address: _____

Phone Number: _____ Alternate Phone Number: _____

Do you have a valid Driver's License? Yes _____ No _____ State of issue: _____

License Number: _____

How did you find out about Shawsville Rescue? _____

Education

High School attended: _____ Did you graduate? Yes ___ No ___

G.E.D. Yes _____ No _____

Post-Secondary Education

	School Name and Location	Start Date	End Date	Graduation Date	Degree/Certificate	Major
College or University						
Other Education						

Employment History

Have you ever been fired and (or) asked to resign from a job? Yes _____ No _____

If yes, please explain: _____

	Employer/Position	Start Date	End Date	Current (Y/N)	Supervisor Name/Phone Number	May We Contact? (Y/N)
1						
2						

EMS Training and Experience (Attach a copy of all certifications currently held)

Certified Emergency Medical Technician: Yes _____ No _____

If yes, what level? _____

Certification#: _____ Completed (mm/dd/yyyy): _____

Expiration (mm/dd/yyyy): _____ State: _____

Other Medical Training: _____

Have you ever been a member/employee of another Fire/Rescue agency?

Yes _____ No _____

Department Name , Mailing Address, Contact and Phone Number or e-mail/Dates of membership: _____

Have you ever had your EMS certifications suspended, revoked or issued a citation from the Virginia Office of EMS or any other licensed agency? Yes _____ No _____

If yes, please explain _____

Personal References

Please provide name and contact information for three references with their phone numbers or e-mail addresses: **(they can't be relatives or crew members)**:

Statement of Commitment

1. If accepted, I agree to abide by all federal, state and local laws, the constitution, and the bylaws of SVRS, the agency's standard operating procedures, and other rules of the agency.
2. I can be asked to resign or be dismissed from membership from SVRS based on failure to follow the above-mentioned laws and guidelines.
3. Membership commitment is requested for a minimum of two years. Longer term commitment may be required in situations where specific training is required.
4. If accepted, I must possess and maintain valid, current, CPR and first aid/EMS certification, with a copy of the current cards on file with SVRS.
5. If accepted, without a current EMT certification, I must enroll in a certification class within six months of acceptance (unless I am applying as a Driver Only).
6. If accepted, I must keep all certifications under which I want to practice current. This includes EVOC if I wish to be a driver.
7. If accepted I agree, as a condition of membership, to check my email, update my contact information upon any change, and notify the Deputy Chief or Chief of a leave of absence.
8. I give SVRS permission to pull and check my DMV driving record at any point during my membership with the agency.
9. I agree to be contacted via the contact information I provided in the "Demographics" section of this application and agree to update this information as necessary.
10. I agree to notify SVRS within 10 days of any criminal convictions and/or traffic charges incurred through the duration of my membership.
11. All information stated in this application is complete and correct to the best of my knowledge. I understand that any misinformation found, may be grounds for dismissal from the agency.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Criminal and Background Information

Have you ever been convicted of any offense against the law? Please omit any juvenile offences and/or minor traffic violations. Please include conviction by general court martial while in the military service. Please note, checking yes does not automatically mean that you cannot become a member. The nature and date of conviction are important. Please provide all of the facts so that a decision may be made. Yes _____ No _____

If yes, please give date, place, charge, court and fine/sentence.

Criminal Record Acknowledgement

Please read carefully:

Pursuant to 32.1-111.5, each person who, on or after July 1, 2013, applies to be a volunteer with or employee of an emergency medical services (EMS) agency must submit fingerprints and provide personal descriptive information to be forwarded by the Office of EMS along with their fingerprints through the Central Criminal Records Exchange (CCRE) of the Virginia State Police to the Federal Bureau of Investigation, for the purpose of conducting a state and national criminal history check. The Shawsville Volunteer Rescue Squad has adopted the Virginia disqualifying factors outlined in 12VAC5-31-910 as disqualification from membership or affiliation eligibility.

Please read the following statement and sign and date the form in the appropriate locations. Falsification of this information may be considered sufficient cause for rejection.

The following is taken from the Rules and Regulations governing the Virginia Office of EMS regarding the eligibility of applicants for EMS Certification:

Personnel Qualifications: EMS Personnel shall be required to meet and maintain the following qualifications:

Have never been convicted of a felony involving any sexual crime.

Not to be convicted of any other act, which is a felony under the laws of this State or of the United States, except that such felon is eligible for certification if within (5) years after the date of final release, no additional felonies have been committed.

Please read the following statement and sign and date the form in the appropriate locations. Falsification of this information may be considered sufficient cause for rejection.

I affirm that I have never been convicted of a felony involving any sexual crime or other disqualifying offence as outlined in 12VAC5-31-910. I understand that I must disclose to the Chief any arrest or pending charges that, if convicted, would disqualify me for membership as above. I understand that by signing this form, I authorize Shawsville Volunteer Rescue Squad to obtain my criminal or any other background information.

Signed: _____ Date: _____

Junior Applicants Only

YOU MUST BE 16 OR OLDER TO APPLY

I _____ hereby give permission for my child _____

To seek membership as a Junior member of Shawsville Volunteer Rescue Squad, Inc. I have read the membership materials provided by the squad and understand the rules and regulations regarding my child's membership. I agree to support my child and the squad in this endeavor. I have been made aware of who on the squad will act as my child's mentor. I agree that I will report to the mentor any violation of the squad rules that may come to my attention.

It is my understanding that Shawsville Volunteer Rescue Squad, Inc. will do everything in it's power to assure the safety and wellbeing of my child. I do acknowledge however that Emergency Medical Services work is not without risk and there is a possibility that my child could be injured during the course of this membership. With this in mind I release Shawsville Volunteer Rescue Squad, Inc. and it's officers and members from any liability should my child be injured during the course of their duties as a Junior member of the squad.

Signature of Parent/Legal Guardian: _____ Date: _____

Printed name of Parent/Legal Guardian: _____

Squad Use Only

Date application received by the Deputy Chief: _____

Date committee met with applicant and who was present at meeting:

Committee recommendation: Yes _____ No _____ (If no, list reasoning below)

First Reading: _____

Second Reading: _____ Vote Count: Yes _____ No _____ Abstentions _____

Radio Number Issued: _____ Placed in EPCR program: _____

Placed in time clock system: _____ Placed in Active 911: _____