

Lake Monticello Volunteer Rescue Squad

14 Slice Road
Palmyra, Virginia 22963
Business (434) 589-4108

Application for Membership

The Lake Monticello Volunteer Rescue Squad is continually searching for compassionate people for membership with our agency. If you have the drive and desire to help and serve your community in need, we invite you to fill out an application. Our agency welcomes novice and trained members.

We are a volunteer organization that provides basic and advanced emergency medical treatment for the citizens of Lake Monticello and Fluvanna County. The community depends on us daily to respond in their time of need. The responsibility is a great one, takes time, skill, desire and dedication to perform under adverse and stressful situations in the field.

We would like to thank you for your interest in the Lake Monticello Volunteer Rescue, and hope you find serving your community just as much of a rewarding experience as each of us has.

Sincerely,

Membership Committee

(Do not return this page with your application)

Est. 1975



Lake Monticello Volunteer Rescue Squad

Corporation Mailing Address: 10 Slice Road
Palmyra, Virginia 22963
Business Phone: (434) 589-4108

Station Location: 14 Slice Road
Palmyra, Virginia 22963

Application for:

Ambulance Driver EMS Provider Junior Member Administrative Member

Personal Information:

Name: _____ Nickname: _____
Last First MI.

Address: _____

Telephone #: Primary: (____) _____ - _____ (H, C, W) Secondary: (____) _____ - _____ (H, C, W)

Email Address: _____

Age: _____ Date of Birth: _____ / _____ / _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Education:

Name of School	City/State	Did you graduate?	If No, # of year left to graduate	If Yes, date of Graduation	Degree Received	Major
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Current EMS Certifications:

<input type="checkbox"/> CPR EXP Date: _____	<input type="checkbox"/> EMT EXP Date: _____	<input type="checkbox"/> Advanced EXP Date: _____	<input type="checkbox"/> Intermediate EXP Date: _____	<input type="checkbox"/> Paramedic EXP Date: _____
<input type="checkbox"/> EVOC EXP Date: _____	<input type="checkbox"/> BTLS EXP Date: _____	<input type="checkbox"/> PHTLS EXP Date: _____	<input type="checkbox"/> ACLS EXP Date: _____	<input type="checkbox"/> PALS EXP Date: _____
<input type="checkbox"/> NIMS 100	<input type="checkbox"/> NIMS 200	<input type="checkbox"/> NIMS 300	<input type="checkbox"/> NIMS 700	<input type="checkbox"/> NIMS 800

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

If yes, please explain: _____

Have you ever applied for or been a previous member of any other Rescue Squad or Fire Department?

Yes No

Squad/Fire Dept.: _____ Dates: (From) _____ (To) _____
Contact Officer: _____ Phone: (____) _____ - _____

Squad/Fire Dept.: _____ Dates: (From) _____ (To) _____
Contact Officer: _____ Phone: (____) _____ - _____

Looking at the next six months, when are you available to be on duty?

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6am-6pm							
6pm-6am							

Employment:

Employment Status: Full Time Part Time Retired

Employers Name: _____ Address: _____

Telephone Number: _____ Employed: (From) _____ (To) _____

Last Position Held: (Title and Description) _____

Name of Supervisor: _____

Employment Status: Full Time Part Time Retired

Employers Name: _____ Address: _____

Telephone Number: _____ Employed: (From) _____ (To) _____

Last Position Held: (Title and Description) _____

Name of Supervisor: _____

Do you hold a current Virginia Driver's License? Yes No Driver's License Number: _____

Have you ever had any traffic violations in the last five years? Yes No if yes explain: _____

Have you ever been convicted of a crime other than traffic violations? Yes No if yes explain: _____

Do you have any condition that would prevent you from driving an Emergency Vehicle? Yes No

If yes explain: _____

Personal References: (Please list names, addresses and telephone numbers of three (3) people who know you. Please do not list relative or former employers.)

Name	Address	Phone Number	Relationship

Were you referred by a LMVRS member? Yes No

If yes, please list their name: _____

Please read the following statement carefully before signing.

STATEMENT

I hereby certify that all information contained in this application is true and accurate. I understand that any information contained in this application which is found to be untrue or inaccurate will be grounds for my appointment to be rejected or, if appointed, withdrawn at any time without notice and that the only recourse that I may peruse is an appeal to the Board of Directors of Lake Monticello Volunteer Fire Department & Rescue Squad Inc. I also understand, that my appointment/membership may be revoked at any time by a majority vote of the Lake Monticello Volunteer Fire Department & Rescue Squad Inc. Board of Directors and that I will have no other appeal. I further agree to abide by the rules of the Corporation and its divisions.

Signature of Applicant: _____

Date: ____ / ____ / ____

AUTHORIZATION

I authorize the use of any information in this application to enable the Lake Monticello Volunteer Fire Department & Rescue Squad Inc. (The Corporation) to verify statements made by me in this application and I authorize past employers, doctors, all references, and any other person to answer all questions asked by the Corporations concerning my ability, character, reputation and pervious employment records. I release all people who furnish information about me from any and all liability or damages on account of having furnished such information.

Signature of Applicant: _____

Date: ____ / ____ / ____

(Under Age 18 Years)

We the undersigned parents or guardian give permission for our son/daughter to become a member of the Lake Monticello Volunteer Rescue. We also accept responsibility for any equipment willfully destroyed by him/her. We further give permission for our son/daughter to ride in any Emergency Vehicle, to participate in emergency medical courses provided by this organization or other state or locally sponsored emergency services, and to submit to drug testing at the discretion of Lake Monticello Volunteer Rescue Squad.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____



Lake Monticello Volunteer Rescue Squad

Statement of Commitment

As a member of the Lake Monticello Volunteer Rescue Squad, I hereby make a commitment to:

1. Give a minimum of 12 hours of duty per week.
2. Attend membership meetings as scheduled.
3. Attend training sessions as scheduled.

As a member, I understand that I am a part of the staff of the Lake Monticello Volunteer Rescue Squad and therefore, I can be dismissed or asked to resign. Cause for dismissal or resignation requests from the membership include:

1. Failure to comply with the by-laws of the organization.
2. Failure to comply with the Policies and Procedures and Standard Operating Procedures of the organization.
3. Failure to comply with the Standards of Conduct of the organization.
4. Failure to work required duty shift without prior arrangements.
5. Failure to attend monthly membership meetings and monthly training meetings.
6. Breach of Patient or Rescue Squad confidentiality.
7. Unethical behavior
8. Unwillingness to follow the directions of the officers.
9. Failure to complete required training programs;
 - a. CPR
 - b. EMT
 - c. ACLS and PALS for Advance Life Support Providers
 - d. EVOC (Emergency Vehicle Operators Course)-Optional
 - e. ICS 100, 200, 700, 800
10. As a member, I will participate in the other activities of the organization as I can.

Prior to becoming a member, I shall:

1. Provide a fingerprint card, as required by Virginia Office of Emergency Medical Services, in order to conduct a criminal background check for eligibility to be member a member of the squad.
2. Provide a current Virginia Driver’s License and DMV Transcript.

As a member, I am also required to provide evidence of:

1. Copies of any current certifications from the Office of EMS/VAVRS/DFP/FEMA.
2. Updates to any certifications as existing certifications expire.

Signature of Applicant

Date: ____ / ____ / ____

Membership Chair Signature

Date: ____ / ____ / ____



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Business Phone (434) 589-4108

Request for Driving Record Transcript from Virginia Department of Motor Vehicles
(This information is needed for membership applications for the Lake Monticello Volunteer Rescue Squad)

Name: _____
First Middle Last

Date of Birth: ____ / ____ / ____ Sex: Male / Female

Driver's License Number: _____

Address: _____
Street/P.O. Box

City State Zip Code

Signature Date

Indicate below if you wish to authorize another individual to obtain a copy of your driving record.

I authorize the Department of Motor Vehicles to furnish a copy of my driving record to:

Name: _____
First Middle Last

Address: _____
Street/P.O. Box

City State Zip Code

Rescue Squad Use Only

Name of Reference: _____
How long have you know applicant? _____
What is your association with applicant? _____
Describe their integrity and honesty? _____
How reliable is the applicant? _____
Are they able to get along with others? _____
What else can you tell me about them? _____

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What is your association with applicant? _____
Describe their integrity and honesty? _____
How reliable is the applicant? _____
Are they able to get along with others? _____
What else can you tell me about them? _____

Date application was received: ____ / ____ / ____
Date applicant met with membership committee: ____ / ____ / ____
Date applicant background sent to Office of EMS: ____ / ____ / ____
Date applicant background received back from Office of EMS: ____ / ____ / ____

Accepted into Membership: YES NO

Date Probationary Membership Started: ____ / ____ / ____
Date Full Membership Started: ____ / ____ / ____

Membership Committee Chair Approval

Rescue Chief Approval