

# Application Package For Volunteer Membership

Updated June 2015

Applicant Name: \_\_\_\_\_

Applicant Sponsor: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

- Application Complete
- Driving Record
- Driver's License copy
- DMV Record Check Signature Form
- Photo attached
- Student Waiver (if required)
- Background Authorization Signature Form
- Copies of current certifications provided

Meeting Schedule Dates:

➤ 1<sup>st</sup> Reading:

➤ Board Meeting:

➤ 2<sup>nd</sup> Reading/Vote:

- Outcome: Accepted / Declined

## James City Volunteer Rescue Squad

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# James City Volunteer Rescue Squad

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## *For Official Use Only* **Application for Volunteer Membership**

**Applicant Name:** \_\_\_\_\_ **Date Application Received** \_\_\_\_\_

**To all applicants:** Please submit this complete application and all necessary additional documents in person to the James City Rescue Squad. Any incomplete applications received will NOT be processed. For complete instructions and application process, please see the “application instruction sheet.” All references will be contacted to ensure the accuracy of information provided.

**Please indicate the type of membership you are applying for:**

- Active**
- Student**
- Associate**
- Administrative**

### For Rescue Squad Administration Use Only

	Date	RS initials
Complete Application Received		
Clear photograph provided		
Copy of Driver’s License attached		
Driving Record attached		
Driving Record Check Signature Form		
Background Check Signature Form		
Student member waiver (if applicable)		
Copies of Any applicable Certification received		

### For Membership Committee Use

	Date	RS initials	Notes:
First Reading completed			
Board Interview scheduled			
Board Interview completed			Recommend    Declined
Reference Check completed			
Background Check completed			
DMV Record Check completed			
Second Reading completed			Accepted        Denied

Comments:

## James City Volunteer Rescue Squad

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# James City Volunteer Rescue Squad

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## Application Instruction Sheet

(PLEASE READ THE ENTIRE INSTRUCTIONS)

We thank you for your interest in joining the James City Rescue Squad! Please remember that becoming a volunteer requires a significant time investment, but can be a very rewarding experience.

Any person is eligible to apply for membership provided that:

- Applicant is at least sixteen (16) years of age.
- Applicant must submit to a criminal background check with fingerprinting and be eligible for employment by the Virginia OEMS per VAOEMS Rules and Regulations.
- Lives within the allowed jurisdictions.

Previous EMS experience is NOT required to apply, but the James City Rescue Squad also encourages and welcomes those with previous experience to join, and will provide and assist all new members in receiving all required training and certifications.

**There are several types of membership.** These are outlined below:

**Active Member:** Active membership is for those applicants who are interested in becoming an EMT and participate in operational rescue squad activities. All applicants over the age of eighteen (18) are eligible for active membership. All active members of the squad are required to attend fifty (50) percent of all scheduled squad meetings and trainings, must be enrolled in an EMT course within one year of joining, and must devote a minimum of twelve (12) hours per month actively volunteering.

**Student Member:** Applicants who are sixteen (16) years of age or older and are currently enrolled in high school or college are eligible to become a student member. Student members perform the same function as active members, with some limitations as regulated by the Office of EMS. Student members are eligible for Active membership upon completion of their schooling.

**Associate Member:** The squad also accepts applications for Associate members. Associate members are those who are interested in assisting the squad with fundraising functions and special events. Associate members DO NOT participate in operational rescue activities, nor will they be required to receive EMS training. This is a non-voting member.

**Administrative Member:** Applicants who are interested in the administrative roles of the Rescue Squad who do not wish to participate in Operational activities. Applicants must possess knowledge, skills and abilities that can enhance the organization at the administrative level. All applicants over the age of eighteen (18) are eligible. All administrative members of the squad are required to attend fifty (50) percent of all scheduled squad meetings, and must devote a minimum of twelve (12) hours per month actively volunteering.

# James City Volunteer Rescue Squad

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## Application process for all types of membership

Applications are accepted on an on-going basis. Acceptance into the Squad is dependent upon successful completion of the application, fingerprinting and background check, driving record, and membership majority vote.

1. Obtain an application for membership AND TWO (2) fingerprint cards. Applicants should have a current member listed as a sponsor on the application form.
  - a. Applicants who are applying for **Student Membership** and are required to complete and sign the “student member waiver.” **This form must also be signed by a parent/legal guardian.**
  - b. See attached instructions for fingerprint cards process and where to send them – BOTH must be submitted.
2. Provide a copy of your driver’s license, a copy of your current driving record, as well as a completed driving record check authorization form (to include signature), found within your application package.
  - Applicants who are new to the area or are from out of state are required to submit their driving record from their last state of residence along with their application if they do not have a current VA DMV record.

*\*Note: Having a poor driving record does not necessarily prevent applicants from being accepted into the squad, but it may preclude the applicant from driving any apparatus. The James City Rescue Squad uses this information to evaluate for risk management purposes and decisions.*

3. Submit a picture of yourself attached to your application materials. A professional photo is not required, but the picture must be clear enough for us to accurately identify you when reviewing your application.
4. Submit all application materials including:
  - completed application
  - picture
  - copy of driver’s license
  - DMV record
  - a signed driving record check authorization form
  - a signed background check authorization form
  - student waiver (if required)
  - a copy of any certifications that you may have

**\*\*\*\*\*There is a lockable blue “membership application box” located in the Rescue Squad Office. Please turn your application into this box ONLY!! Do not give it to anyone to turn in for you, as there is protected personal information required on these forms that is not for public access.\*\*\*\*\***

5. After application review, your application is presented by the Membership Committee Chair to the first General Membership Business Meeting following the submission of your application; this is considered your first reading. These meetings are held on the **4<sup>th</sup> Monday** of every month. Applicants are not required to be present for this meeting; however, attendance is encouraged.

6. Following your first reading, and **after the Background Check is received from VA OEMS**, your application will be presented to the Board of Directors at their next regularly scheduled Board meeting. Board meetings are held the **2<sup>nd</sup> Monday** of every month. You are required to attend this Board Meeting for an Interview with administrative and line officers. A representative from the Membership Committee will contact you to schedule this interview. Following your scheduled meeting, the Board will make a recommendation to the General Membership based on the applicant’s background check and interview results.

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***\*Note: The Background Check must be received PRIOR to membership affiliation being voted upon. This may mean a delay in scheduling the Board Interview, depending on when the Application Packet is submitted and the turnaround time for the Background Check to be completed. This is a STATE OEMS requirement.***

7. At the next General Membership Business Meeting, following the interview, the applicant may be accepted for membership. This is determined by a majority vote by the membership body.

If you have any questions, please feel free to contact the James City Rescue Squad at (757)566-1905, and ask to speak to a member of the Membership Committee or the President.

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# James City Volunteer Rescue Squad

## Application for Volunteer membership

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby propose \_\_\_\_\_ for membership.

Applicant's Name

Applicant sponsored by \_\_\_\_\_

Sponsoring Member's name

**\*\* RED ASTRICKS DENOTE REQUIRED INFORMATION TO BE FILLED OUT**

### **Personal Data:**

#### **\*\*Name:**

Last Name:	First Name:	Middle Name (not initial):
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**\*\*Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_

#### **\*\*Present Address:**

Jurisdiction:
Address:
City: State: Zip code:
Resident in area: _____ Years _____ Months

#### **\*\*Contact information:**

Home Phone Number:
Work Phone Number:
Cell phone Number:
E-mail address:
Preferred method of contact

### **Employment Information:**

#### **\*\*1. Present Employer:**

Company Name: Title:
Address:
City: State: Zip code:
Employed: _____ Years _____ Months
Supervisor name: Contact phone Number:
Job description:

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## 2. Present/Previous Employer: (circle one)

Company Name:	Title:	
Address:		
City:	State:	Zip code:
Employed: _____ Years _____ Months		
Supervisor name:		Contact phone Number:
Job description:		

## Student information (if applicable):

### \*\*1. Present school:

School Name:	Grade/Level:	
Address:		
City:	State:	Zip code:
Estimated time of completion: _____ Years _____ Months		
Councilor name:		Contact phone Number:
Degree description:		

### 2. Present/Previous school: (circle one)

School Name:	Grade/Level:	
Address:		
City:	State:	Zip code:
Estimated time of completion: _____ Years _____ Months		
Councilor name:		Contact phone Number:
Degree description:		

## Experience:

### \*\*1. Present/Previous Fire/EMS Agency: (circle one)

Squad/department Name:		
Address:		
City:	State:	Zip code:
Time of service: _____ Years _____ Months		
Contact name:		Contact phone Number:
Title/Status:		
Reason for leaving:		

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**2. Present/Previous Fire/EMS Agency: (circle one)**

Squad/department Name:		
Address:		
City:	State:	Zip code:
Time of service: _____ Years _____ Months		
Contact name:		Contact phone Number:
Title/Status:		
Reason for leaving:		

**\*\*3. Please list any past experience or specific training you have in EMS or Fire:**

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*\*You must attach copies of any certifications or certificates*

**\*\*4. Have you ever been dismissed from, forced to resign, or denied entry into any EMS or Fire organization, either volunteer or paid?      YES or NO (circle one)**

**\*\*5. If you answered yes to question 4, Please explain:**

Squad/department Name:		
Address:		
City:	State:	Zip code:
Time of service: _____ Years _____ Months		
Contact name:		Contact phone Number:
Title/Status:		
Reason::		

**References:**

1. Do you know any member of the James City Volunteer Rescue Squad, James City-Bruton Volunteer Fire Department, OR James Citi County Fire Department (career)?

YES or NO (Circle one)      If Yes, who?

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**\*\*3. Please list three character references who are not relatives or past/present employers:**

Name:		
Address:		
City:	State:	Zip code:
Time known: _____ Years _____ Months		
Contact phone Number:	Email:	
Relationship:		

Name:		
Address:		
City:	State:	Zip code:
Time known: _____ Years _____ Months		
Contact phone Number:	Email:	
Relationship:		

Name:		
Address:		
City:	State:	Zip code:
Time known: _____ Years _____ Months		
Contact phone Number:	Email:	
Relationship:		

**Background information:**

**\*\*1. Do you agree to a background investigation? YES or NO (circle one)**  
**Do you agree to a DMV record check? YES or NO (circle one)**

*Signature forms are provided separately later in the Application Packet.*

2. Are you now or have you ever been a member of the armed forces? YES or NO (circle one)

3. If yes:

Branch:
Rank:
Time of service: _____ Years _____ Months
Honorable or dishonorable discharge? Explain:

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**\*\*4. Do you have a valid driver's license? YES or NO** (circle one)

Issuing state:	Driver's license number:
Expiration date:	License class:

**\* You must attach an official copy of your current driving record**

**\*\*5. Do you have any traffic violation? YES or NO** (circle one)

*If Yes, Please explain:*

Violation:	Date:

\*Attach an addition sheet if necessary

**\*\*7. Have you ever been convicted in a court of law of any criminal charge, misdemeanor or felony? YES or NO** (circle one)

*If yes, Please explain below in detail. Provide the date of the charge, the city in which the incident occurred, what the charge was, and the final disposition in each case:*

Date:	City:	Charge:	Final disposition:

\*Attach an additional sheet if necessary

**\*\*9. Do you have or have you had a drug or alcohol abuse problem? YES or NO** (circle one)

If yes, Explain:

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**\*\*10. Have you ever engaged in illegal drug activity? YES or NO** (circle one)

If yes, explain:

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**PLEASE NOTE THAT ALL JAMES CITY RESCUE SQUAD APPLICANTS ARE REQUIRED TO UNDERGO A DEPARTMENT OF MOTOR VEHICLES DRIVING RECORD CHECK AND A CRIMINAL BACKGROUND CHECK. THESE CHECKS WILL BE PERFORMED BY THE JAMES CITY RESCUE SQUAD; AND/OR THE JAMES CITY BRUTON VOLUNTEER FIRE DEPARTMENT MEMBERSHIP COMMITTEE(S); AND/OR THE VIRGINIA OFFICE OF EMS; AND/OR THE VIRGINIA STATE POLICE; AND/OR THE FEDERAL BUREAU OF INVESTIGATION.**

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## **\*\*Emergency Contact Information:**

Name:	Relation:	
Address:		
City:	State:	Zip code:
Contact phone Number:		
Alternate contact number:		

Name:	Relation:	
Address:		
City:	State:	Zip code:
Contact phone Number:		
Alternate contact number:		

## **\*\*Emergency Personal Data:**

Personal Physician's Name:		
Address:		
City:	State:	Zip code:
Contact phone Number:		

1. Do you have any physical problems, disabilities, or medical conditions which would prohibit you from strenuous or demanding work? YES or NO (circle one)

If yes, Explain:

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2. General health information:

Height:	Weight:	Blood type:
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3. Are you allergic to anything? YES or NO (circle one)

If yes, please list:

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4. Are you required to take any medication? YES or NO (circle one)

If yes, please list:

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## **Applicant Authorization / Background Check**

I, \_\_\_\_\_ (print name) certify that the information contained in this application is true and complete to the best of my knowledge. I am aware that my entire background is subject to investigation, and I hereby authorize the James City Rescue Squad to investigate my background with any references and past or present employers named in this application to ensure the accuracy of the information contained in this application package. I understand that the background investigation will be acquired through the Virginia Office of EMS, the Virginia State Police, and the FBI. I fully understand any willful omission or misrepresentation of facts on this application may be grounds for rejection of this application or for dismissal from volunteer membership with this squad.

I acknowledge that I understand that if accepted, I will be required to attend training drills, meetings, participate in work details, etc. as indicated in the By-Laws of the James City Rescue Squad. I will abide by all the rules, regulations, and standard operating guidelines of the James City Rescue Squad.

PRINTED NAME:

SIGNATURE:

DATE:

LEGAL GUARDIAN PRINTED NAME:

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LEGAL GUARDIAN SIGNATURE:

DATE:

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**\*\*\*SEE ATTCHED FINGERPRINT INSTRUCTIONS\*\*\***

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## Instructions for Completing Fingerprinting Card

1. Name (NAM) block: Enter the applicant’s last name, first name, and middle name – in that order – in this space. Be sure to write out the middle name. Suffix denoting seniority (Jr., Sr., III) should follow the name.
2. Also Known As (AKA) block: Enter other names the applicant has used, especially maiden names or and previous married names.
3. Applicant’s Signature block: The applicant must sign this block in the presence of the person taking the fingerprints.
4. Applicant’s Address block: Enter the applicant complete physical address.
5. Date of Birth (DOB) block: Enter the applicant’s date of birth in the format mmddyy for example; if the applicant’s birthday is August 18<sup>th</sup>, 1980; it should be entered as 08181980
6. Sex block: F for female, M for male
7. Race (RAC) block: Select one of the corresponding alphabetic codes:

CODE	RACE
I	Native American
A	Asian
B	Black
W	Caucasian / Latin

8. Height (HGT) block: Enter the applicant’s height in feet and inches. Round off fractions to the nearest inch. For instance, applicant is 5 ft 6 ½ inches, round off to 5’ 7”.
9. Weight (WGT) block: Enter the applicant’s weight in pounds.
10. Eye Color (EYES) block: Select the correct color from the table:

EYE COLOR	CODE	EYE COLOR	CODE						
Black	BLK	Blue	BLU	Brown	BRO	Gray	GRY	Multicolor	MUL
Green	GRN	Hazel	HAZ	Maroon	MAR	Pink	PNK	Unknown	XXX

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11. Hair Color (HAIR) block: Select the color from the table:

HAIR COLOR	CODE	HAIR COLOR	CODE						
Bald	BAL	Black	BLK	Blonde	BLN	Blue	BLU	Brown	BRO
Green	GRN	Grey	GRY	Orange	ONG	Purple	PLE	Pink	PNK
Auburn	RED	Sandy	SDY	White	WHI	//////////	//////////	//////////	//////////

12. Place of Birth (POB) block: Enter the state where the applicant was born.

13. Social Security Number (SOC) block: Enter the applicant's social security number.

14. Date Fingerprinted block: Enter the date the applicant is fingerprinted.

15. Signature of person taking fingerprints. The fingerprinter (not applicant) signs in this block.

16. Employer and address block: Enter the name and address of the licensed EMS agency the applicant is seeking affiliation/employment with, and the mailing address of the licensed EMS agency.

17. Reason fingerprinted block: Enter either volunteer or career EMS agency affiliation in this block.

**NOTE:**

Do not fold cards at any time. Creases in the fingerprint card will result in them not being able to be processed.

Items 1 – 17 listed above are ALL required. Missing information will result in a card not being able to be processed.

Items 1 – 17 should be entered or printed on the card in black ink ONLY.

Once all information above is entered completely and fingerprints are obtained, send the card to:

Virginia Office of Emergency Medical Services  
 1041 Technology Park Drive  
 Glen Allen, VA 23059

# James City Volunteer Rescue Squad

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## Driving Record Check Authorization

I \_\_\_\_\_, UNDERSTAND THAT AS A REQUIREMENT FOR THE POSITION THAT I CURRENTLY HOLD OR AM APPLYING TO HOLD AS AN EMERGENCY VEHICLE OPERATOR AT THE JAMES CITY RESCUE SQUAD AND/OR THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT, I MUST POSSESS A VALID VIRGINIA MOTOR VEHICLE OPERATOR'S LICENSE. I UNDERSTAND THAT THE JAMES CITY RESCUE SQUAD AND THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT WILL PERFORM ANNUAL DRIVING RECORD CHECKS AS WELL AS RANDOM CHECKS AS DEEMED NECESSARY. BY PLACING MY SIGNATURE BELOW, I AM AUTHORIZING THE JAMES CITY RESCUE SQUAD AND/OR JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT TO PERFORM A DEPARTMENT OF MOTOR VEHICLES RECORD CHECK AT ANY TIME DURING THE DURATION OF MY MEMBERSHIP WITH THESE ORGANIZATIONS.

I HEREBY AUTHORIZE THAT THE JAMES CITY RESCUE SQUAD AND/OR THE JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT TO CONDUCT CHECKS OF MY DRIVING RECORDS. I UNDERSTAND THAT THE JAMES CITY RESCUE SQUAD AND/OR JAMES CITY-BRUTON VOLUNTEER FIRE DEPARTMENT WILL INFORM ME IF THE INFORMATION CONTAINED IN THE RESULTING REPORT IS IN ANY WAY USED IN MAKING A DECISION REGARDING MY FITNESS TO OPERATE ANY EMERGENCY VEHICLE.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINTED NAME:
SIGNATURE:
LEGAL GUARDIAN PRINTED NAME:
LEGAL GUARDIAN SIGNATURE:
DATE OF BIRTH: MONTH:            DAY:            YEAR:
DRIVER'S LICENSE NUMBER:

## James City Volunteer Rescue Squad

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# James City Volunteer Rescue Squad

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## **STUDENT MEMBER WAIVER**

The James City Rescue Squad is dedicated to serving the best interest of both the community and our members. In keeping that philosophy, special attention is given to any member under the age of eighteen (18) who is applying as a student member, The Squad is committed to ensuring that the parents/guardians are involved in and aware of the requirements and situations that their child will face during their probationary period and their time as a student member. This portion of the application will be reviewed with the applicant being processed for consideration for membership by the membership body of the James City Rescue Squad.

The applicant will be required to meet the following standards for the first year of membership AND a GPA standard for as long as he/she is a student. As a probationary member of the Squad, the applicant will be required to attend 50% of all meetings, trainings, and fundraiser activities. As a student member, the applicant must maintain a C average until graduation. The Squad in no way wants to have a negative impact on the member's academic career and therefore has established the following requirements to monitor the academic performance of the student. First, the student must provide a report card to the Membership Committee at the end of each grading period within five (5) calendar days of receiving their grades. Furthermore, by signing below, the parent/guardian gives permission for the Membership Committee to contact the school and review the student's academic performance with a school representative at any time.

**INITIAL** \_\_\_\_\_

In order for the Squad to enforce its standards and rules, the member is subject to the same disciplinary actions as any other member of the Squad. These actions are decided by the Board of Directors and Line Officers and may be applied without prior consultation of the parent/guardian of the member under the age of eighteen (18). These actions may include, but are not limited to: Probation, suspension, or termination. By signing below, I acknowledge that I have been notified of the above procedure.

**INITIAL** \_\_\_\_\_

During the performance of the duties required of an EMS provider, the member will be exposed to situations that could cause physical harm, emotional trauma, or death. The Squad actively works to minimize these hazards through training and safe emergency scene operations. Furthermore, members have access to Critical Incident Stress Debriefing counselors and are encouraged to utilize this resource to assist with coping with the mental and emotion stress that may be encountered. Parents/guardians are encouraged to monitor their child and notify the Squad of any significant changes in behavior with their child.

**INITIAL** \_\_\_\_\_

The James City Rescue Squad wants the applicant to have a successful and positive career as a volunteer in the Squad. The Squad will work to maintain a positive and inclusive relationship with the parents/guardians of the applicant so that all parties can achieve an outcome that serves the best interest of all involved.

Student Member Applicant Printed Name:	
Signature:	Date:
Parent/Legal Guardian Printed Name:	
Signature:	Date: