

WINTERGREEN RESCUE SQUAD / WINTERGREEN FIRE DEPARTMENT

Volunteer Membership Application

We welcome your interest in our organization. The Deputy Chief (434-325-8552) of the Wintergreen Rescue Squad and/or Wintergreen Fire Department will review your application and may invite you to attend an interview. We conduct a background investigation and review the Department of Motor Vehicle (DMV) Driver Transcript for all new applicants of the Rescue Squad. If your application is approved you will become a probationary member for a period of not less than (6) six months.

Rescue Squad (Full, Junior) **and/or** **Fire Department, or** **Auxiliary**

Check all that apply

Name: _____ Date: ____ / ____ / _____

Address: _____

Telephone: Home: ____ - ____ - _____ Work: ____ - ____ - _____

Cell: ____ - ____ - _____

Email: _____

Date of Birth: ____ / ____ / _____

Note: Maximum age to apply for membership with Wintergreen Rescue Squad is 70 years of age.

Education: _____ Highest grade completed: _____

In case of emergency notify: Name: _____

Relationship: _____

Telephone: Home: ____ - ____ - _____ Work: ____ - ____ - _____

Cell: ____ - ____ - _____

Do you agree to volunteer a minimum of 36 hours/month (rescue) as a "Full" or "Junior" member, (Rescue only) or 8 hours/month (Fire only)? Yes or No

Circle One

Do you agree to pick up nights, weekends, and holiday shifts whenever possible? Yes or No

Circle One

Are you now or have you ever been affiliated with a police, fire or rescue organization?

Yes or No

Circle One

If yes, provide details: _____

May we request your performance record from that organization? Yes or No

Circle One

Have you been convicted of a law or traffic violation within the last 10-years? Yes or No

Circle One

If yes, list all and please explain: _____

Do you have any infirmity or medical condition that would impair your ability to perform any of the duties customarily required of a volunteer member of the Rescue Squad or Fire Department?

If yes, please explain: _____

Note: This includes any issues with vision and/or night driving.

Present employer: _____ Position held: _____

Employer's address: _____

Telephone number: ____ - ____ - _____ May we contact your employer? Yes or No

Circle One

Provide name and telephone number of three persons not related to you who know your qualifications.

Name: _____ Telephone #: ____ - ____ - _____

Name: _____ Telephone #: ____ - ____ - _____

Name: _____ Telephone #: ____ - ____ - _____

Provide names of friends or relatives who are now or were members of the Wintergreen Rescue Squad or Wintergreen Fire Department.

Name: _____ Telephone #: ____ - ____ - _____

Name: _____ Telephone #: ____ - ____ - _____

Name: _____ Telephone #: ____ - ____ - _____

Use the space below to provide any information that you believe would be helpful to us when evaluating your application. You should mention any special skills, achievements, training, certifications, etc:

When would you be available to begin duty? ____ / ____ / _____

I hereby certify that all of the information I have provided in this application is true and correct to the best of my knowledge. Also, I understand that all information I have provided is subject to verification. The Wintergreen Rescue Squad and/or Wintergreen Fire Department have my permission to verify any or all of this information.

Applicant's Signature: _____ Date: ____ / ____ / _____

Membership Application Supplement for Junior Applicants:

This section is to be completed by Junior Volunteer applicants (not less than 16 or more than 18 years of age).

Name of junior applicant: _____

Statement of school principal or assistant:

I am acquainted with the above named student and know him or her to be of good moral character and he or she maintains satisfactory academic grades. I believe he or she should be considered for Junior membership.

Signed: _____ Date: ____ / ____ / ____

Statement of parent or guardian:

I hereby grant my permission for my son/daughter/ward to become a member of the Wintergreen Rescue Squad and/or Wintergreen Fire Department and I agree to hold the Wintergreen Rescue Squad and/or Wintergreen Fire Department blameless should he or she sustain injury or death as a result of his or her training or the performance of duties.

Signed: _____ Date: ____ / ____ / ____

Statement of applicant:

If I am accepted as a probationary member of the Junior Rescue Squad or Fire Department, I pledge to uphold the high standards of the Wintergreen Rescue Squad and/or Wintergreen Fire Department. I will apply myself to learn and utilize the principles of emergency services and obey the rules of the organization and its officers.

Signed: _____ Date: ____ / ____ / ____

DMV Initial Driver Transcript and Monitoring

As of October 10th, 2012 all Virginia Office of EMS licensed agencies are responsible for monitoring driver compliance and having a copy of an initial driver transcript on file for all members associated with the agency. Reference Virginia Administrative Code 12VAC5-31-910, section C for further information.

Wintergreen Rescue Squad has the ability to monitor driver's transcripts directly through the DMV and obtain initial transcripts. The agency would be notified via email of driver related convictions including DUI's and speeding violations. According to the DMV use agreement Wintergreen Rescue Squad is required to notify you that we will be receiving these notifications. This service satisfies the states requirement for each individual member to report these convictions and/or driving infractions as referenced in SOG 01-001 Driver Eligibility.

Please fill out the following and return to the Deputy Chief.

I, _____ hereby agree to have Wintergreen Rescue Squad acquire an initial driver transcript and continuously monitor my driving record while a member/staff person of the agency.

Driver's License Number

_____/_____/_____
Date of Birth

Signature