

"Proudly Serving the Community of Newport Since 1991"

TO ALL MEMBERSHIP APPLICANTS:

Thank you for your interest in membership with the Newport Volunteer Rescue Squad (NVRS). NVRS is dedicated to providing the community with the highest quality of emergency medical care. To ensure that your application is processed in a timely manner, please be sure that all the following are completed.

- All sections of the application must be completed and signed (including drivers form).
- Attach copies of all EMS related certifications.
- Make a non-certified OEMS account or if you already have an OEMS account affiliate with Newport rescue.
- Must complete fingerprints and have them complete before application is eligible to be brought before the squad. 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 (Office) along with his 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 Blacksburg Volunteer Rescue Squad has adopted the Virginia disqualifying factors as outlined in 12VAC5-31-910 as disqualification from membership or affiliation eligibility.
- Falsification of this information may be considered sufficient cause for rejection.
- **I have read, understand, and accept the above statement**

Submit in a timely manner.

- **NO Family members or any Squad/Fire members should be used as references.**
- A valid phone number is required for each reference in the event the membership committee needs further information.
- Incomplete or erroneous information will delay the processing of your application.
- Completed applications may also be emailed to: 1st Lieutenant, Newport Volunteer Rescue Squad, rosecayton1995@gmail.com, or Brought to Squad and placed in mailbox or in person the 1st Monday of the month or the third Monday after 5pm.
- NO DRAMA, DISCRIMINATION, HARRASSMENT OF ANY KIND, SLANDERING, OR BULLING.
- You can be suspended or worse dismissed at any time from membership if any bylaws or SOG's are breached.
- If accepted without a current EMT certification, I must enroll in a certification class within 1yr of acceptance.
- agree to notify NVRS within 72 hours of any criminal convictions and/or traffic charges incurred through the duration of my membership.

General Expectations:

- Participate in squad activities and present a positive image of the squad.

- Assist or participate in special projects, standbys, community events, training, meetings, etc.
- Complete and maintain any required training and certifications based on your membership category.
- Voting members are expected to attend all monthly business meetings when able.
- Pass a background check and meet other minimum standards as required by OEMS.

Training Requirements:

You do NOT have to be trained when you join. Necessary training will be provided!

- Junior Members (those age 15-18) - CPR & First Aid
- Emergency Medical Service (EMS) Providers - Virginia EMT, AEMT, EMT-I, or Paramedic, CPR
- Drivers - must be age 20 or older (per our insurance), EVOC, good driving record, in-house training

Membership Categories:

Full Membership

- Must run a total of (3) calls or spend the equivalent of 20 hours per quarter.
- Any full member who misses 3 consecutive business meetings. Those whose absences are deem UNEXCUSED by executive committee shall have their membership dropped to associate and will be notified in writing of the downgrade.

Associate Membership

- Associate members shall subject to the same probationary and certification requirements as full members
- Must be 18 years of age
- Associate members do not include voting privileges

NEWPORT VOLUNTEER RESCUE SQUAD

Membership Application

Please submit this application with a copy of your accompanying documents to: 1st Lieutenant, E-Mail: rosecayton1995@gmail.com, or Brought to Squad placed in mailbox or in person the 1st Monday of the month after 17:00 or third Monday of the month After 18:00.

APPLICANT

<u>Last Name</u>	<u>First</u>	<u>M.</u>	<u>I.</u>	<u>DOB</u>
<u>Street Address</u>	<u>Apt.</u>	<u>City</u>	<u>State</u>	
<u>ZIP Phone ()</u>	<u>E-mail</u>	<u>.SSN</u>	<u>-</u>	<u>-</u>

Best time to contact:

Please Circle Each Question

Membership Category you wish to apply for **Full / Associate / Junior**

BACKGROUND Do you have a legal right to work in the United States? YES/NO

Do you have a valid driver's license? YES /NO

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 Captain if any arrest or pending charges that, if convicted, would disqualify me for membership as above. I understand that by submitting this form, I authorized Newport Volunteer Rescue Squad to obtain my criminal or any other background information.

State Number Have you ever been convicted of a crime or Felony? YES/ NO If yes, attach explanation

Have you ever been convicted of Driving While Intoxicated or Under the Influence? YES/NO If yes, attach explanation

Have you ever been convicted of a traffic violation in the past 5yrs. YES/NO If yes, attach an explanation

Have you ever been denied or terminated membership from a public safety agency? YES/ NO If yes, attach explanation

Have you ever been dismissed or forced to resign from any position? YES/ NO If yes, attach explanation

Do we have permission to take pictures or videos of you and post on social media or any other platforms for NVRS purposes? YES/NO

Have you ever Volunteered with NVRS: YES/NO

If yes, dates when: / - / .

How do you see yourself contributing to Newport Rescue in the *long-term*? How will you be involved with the squad? What are your goals?

Please use the space below to explain why you want to join Newport Rescue and include any other information you would like us to know about you.

EDUCATION:

High School

Address:

Did you graduate or GED? YES/ NO

Degree:

College

Address:

Did you graduate? YES/ NO

Degree:

CERTIFICATIONS

List relevant certifications.

Attach copies. (i.e.: EMT, NREMT, EVOC, CPR, ACLS, PALS, etc.) Certification Expiration

EMPLOYMENT

List of the most recent employment first

<u>Company</u>	<u>Phone</u>	<u>Address</u>	<u>Position</u>
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Supervisor Reason for Leaving:

Company Phone Address Position

Supervisor Reason for Leaving:

Company Phone Address Position

Supervisor Reason for Leaving:

EXPERIENCE

List all prior experience with volunteer fire, EMS, and other public safety organizations.

1.Agency Phone Address Position Chief

Reason for Leaving

2.Agency Phone Address Position Chief

Reason for Leaving

3.Agency Phone Address Position Chief

Reason for Leaving

4.Agency Phone Address Position Chief

Reason for Leaving

REFERENCES

List three references.

Do not include relatives or Squad/Fire members.

Full Name Phone E-Mail Address

Relationship

Full Name Phone E-Mail Address
Relationship

Full Name Phone E-Mail Address
Relationship

STATEMENT

- I hereby certify that every statement I have made on this application and supporting documents is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my immediate discharge if discovered at a later date. I understand that if this application is incomplete, it will not be processed. I authorize the Newport Volunteer Rescue Squad to investigate, without liability, all statements contained in this application and supporting materials. I also authorize references, employers, public safety agencies, and others, without liability, to make full response to any inquiries in connection with this application. I understand that the use of illegal drugs is strictly prohibited and grounds for immediate termination. The use of alcohol or misuse of prescription drugs prior to or during duty is a serious violation punishable up to and including termination. I understand that I may be subject to random drug testing at any time. My signature authorizes investigative reports, criminal history and driving record checks, reference checks, and physical examination if required.

If Minor parents Signature: X

Applicants Signature: X

Date: X

DEPARTMENT USE ONLY:

DMV Clear YES /NO

Fingerprints Clear YES /NO

REF Clear YES /NO

Eligible YES /NO

Conditional Notes

Authorized Signature Date

Captain: X

1st Lieutenant: X