

Loudoun County Volunteer Rescue Squad

143 Catoctin Circle SE
Leesburg VA 20175

Mailing Address: PO Box 1178, Leesburg, VA 20177

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Prior Legal Names: _____ Nickname or other preferred name: _____

Gender: M F NB Date of Birth: ____/____/____ Age: ____

Home Address (Street, Apt No): _____

City: _____ State: ____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Preferred Phone: H/W/C ____ Email Address: (Please print clearly) _____

Birthplace (City/State/Country) _____ Country of citizenship** _____

****Note: Non-US Citizens must provide copy of their Resident Card/VISA with this application**

Emergency Contact Name: _____ Relationship: _____ Phone: _____

The Loudoun County Volunteer Rescue Squad does not discriminate against applicants based on gender, age, race, ethnicity, sexual orientation, gender identity, religion, or national origin.

INTEREST IN OUR RESCUE SQUAD

Why do you want to become a member of our rescue squad?

What type of membership are you interested in? (You may change during your membership)

Operational

Administrative: (no running calls)

Junior (at least 16 years old and high school student)

EMPLOYMENT HISTORY (Include all jobs you've had during the last three years. If needed, add an additional page for employer history.)

Current Employer Name: _____ Occupation: _____

Employer Address _____

Dates of Employment: _____

Previous Employer Name: _____ Occupation: _____

Employer Address: _____

Dates of Employment: _____

Reason for Leaving: _____

Have you ever been fired or asked to resign from a job in lieu of termination? **Yes** **No**

If yes, please explain in detail:

MILITARY SERVICE

Branch: _____ Years of Service: _____

Last Rank: _____ Type of Discharge: _____ Date of Discharge: _____

Describe service experience: _____

EDUCATION

High School: _____ Graduation Year: _____ Highest Grade Level: _____

College: _____ Graduation Year: _____ Degree: _____

Post Graduate Education: _____

PREVIOUS FIRE/EMS EXPERIENCE

Are you a current or previous member of another Rescue Squad or Fire Department? **Yes** **No**

If yes, provide agency name: _____

Agency address: _____

Agency phone: _____

Dates of membership: _____

Have you ever been denied membership or had disciplinary action taken against you or been asked to resign by any Rescue Squad or Fire Department? **Yes** **No**

If yes, please explain in detail:

CERTIFICATIONS/TRAINING/SKILLS

List any current or past EMS, rescue or fire training experience and certifications that you hold. Include certificates, expiration dates, and certifying state, department or agency. Please attach copies of your certifications to this application.

MEDICAL HISTORY

Do you have any medical conditions or physical limitations that would inhibit your ability to do this job? **Yes** **No**

Do you take any medication that would inhibit your ability to do this job? **Yes** **No**

If yes to either question, please explain:

CRIMINAL HISTORY

Background checks will be done for all applicants based on their fingerprints and personal information.

Have you ever been charged with or convicted of a crime **Yes** **No**

If yes, please explain in detail:

DRIVING LICENSE HISTORY

Driving reports will be run for all Virginia drivers.

List all prior charges for moving violations including DUI, reckless driving, speeding, failure to obey driving rules and regulations, etc. Include location and month/year that the violation occurred.

REFERENCES:

Provide three references that you have known for at least two years, including, if working, a current supervisor or employer and/or if in school, a teacher, counselor, or principal. Family members cannot be used as references. We prefer contacting references by email so an email address is required for all references.

1. Name: _____ Relationship: _____
City/State: _____ Phone No. (Indicate if H/W/C) _____
Email Address: _____

2. Name: _____ Relationship: _____
City/State: _____ Phone No. (Indicate if H/W/C) _____
Email Address: _____

3. Name: _____ Relationship: _____
City/State: _____ Phone No. (Indicate if H/W/C) _____
Email Address: _____

DRUG QUESTIONNAIRE

Have you ever used, tried, or experimented with any unlawful drugs or controlled substances in any form? **Yes** **No** (Just once means you should answer YES)

If Yes to either question above, please complete the following:

Drug	Yes/ No	Month/Year of First Use	Month/ Year of Last Use
Marijuana	_____	_____	_____
Hash	_____	_____	_____
Cocaine*	_____	_____	_____
PCP	_____	_____	_____
LSD	_____	_____	_____
Heroin	_____	_____	_____
Speed**	_____	_____	_____

Steroids _____
Other _____

*Including powder or Rock/Crack Cocaine

** Including Crystal Methamphetamine

Signature: _____ Date: _____

Printed Name: _____

AUTHORIZATION FOR BACKGROUND AND VA DRIVING RECORD REPORTS

For the purposes of this membership application and if accepted as a member, periodic recertification while a member of Loudoun County Volunteer Rescue Squad, I, _____, do hereby give Loudoun County Volunteer Rescue Squad permission to obtain and verify the information provided on this application, including but not limited to: an investigation of my personal history, criminal history, fingerprint check, driving record and/or employment history. I expressly consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited. This authorization will be valid for the entire length of my membership with Loudoun County Volunteer Rescue Squad.

Signature: _____ Date: _____

Printed Name: _____

DATA FOR VA DRIVING RECORD REPORT

VA Driver's License Number: _____

Social Security Number (last 4 digits only): _____

Please attach a copy of your driver's license to this application.

CERTIFICATION AND AGREEMENT

This statement must be signed. Please read the following statement before signing.

I hereby certify that the facts set forth in this application for membership are true and complete to the best of my knowledge and I have not intentionally omitted any information. I further certify I have not misrepresented or falsified any statements or answers to questions. If any information is found to be misrepresented, omitted, or falsified, I understand that I will be disqualified from membership in the Loudoun County Volunteer Rescue Squad.

Submission of this application does not imply acceptance as a member of the rescue squad.

I give Loudoun County Volunteer Rescue Squad permission to obtain and verify the information provided in the application. If I am selected for membership, I will abide by the Loudoun County Volunteer Rescue Squad's constitution, bylaws, policies, and procedures.

Signature of Applicant

Date

Printed Name of Applicant

IF APPLICANT IS UNDER 18 YEARS OLD

The responsibilities of a rescue squad member involves many hazardous duties, including but not limited to the following:

- **Riding on several types of emergency response vehicles**
- **Lifting and movement of heavy objects**
- **Participating in rescue activities in an environment that could be toxic or potentially hazardous**
- **Caring and treatment of sick and injured persons on the scene and during transport to the hospital or other medical facility**

I, the parent/guardian of _____, give my permission for the applicant to participate as a member of the Loudoun County Volunteer Rescue Squad.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Phone Number of Parent/Guardian: _____

TIME COMMITMENT UNDERSTANDING FOR OPERATIONAL APPLICANTS

This statement must be signed. Please read the following statement before signing.

Volunteering with LCVRS as an operational member is incredibly rewarding but it's also very demanding, especially in the first year as you're working toward various certifications needed to run on the ambulance. We want to be very clear about the time commitment we require:

- Operational members will be assigned to a duty crew. We'll work with you to determine the best duty crew for you but openings will ultimately depend on the needs of the station. Our duty crews run 6pm to 6am every night and you'll be assigned to a specific night. Please check the boxes of your available nights.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

- Operational members must run a minimum of two 12-hour shifts on their assigned crew each month (you're welcome to run more often, of course). Most members run either every week or every other week to maintain consistency on the crew.
- Partial shifts are not allowed. You must run the full 12 hours. We have a commitment to the County and to our community members to staff ambulances, especially during overnight hours.
- We expect you to commit to running your duty crew. We understand that illnesses and other conflicts will occasionally arise but we expect you to treat this commitment with the same respect as you would your job, school etc.
- EMT class runs three nights a week and one full weekend day every other week for four months. You should also expect to spend several hours per week studying outside of class.
- We request a two-year commitment from new members. We hope you'll stay longer! But if you know that you plan to move, join the military, start an intensive school program, etc., in the next two years, please wait to apply until you have more availability.

We understand if, after reading this, you decide that volunteering as an operational member is not for you. We wish you all the best and hope you find an opportunity that's the right fit for you!

Signature of Applicant

Date

Printed Name of Applicant