

LAKE SIDE

VOLUNTEER RESCUE SQUAD

Lakeside Volunteer Rescue Squad

2007 Timberlake Avenue

Richmond, VA 23228

Business (804)266-7498

Application for Membership

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

We are a volunteer organization that provides basic and advanced emergency medical treatment for the citizens of Henrico County. The community depends on us daily to respond in their time of need. The responsibility is a great one, and 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 Lakeside Volunteer Rescue Squad, and hope you find serving your community just as much of a rewarding experience as each of us has.



Sincerely,

Doug Davies

President

Lakeside Volunteer Rescue Squad

(Do not return this page with your application)

Types of Membership

Probationary Membership – shall consist of those persons who have applied for membership in the Corporation and have successfully completed the screening process conducted by the Membership Committee. Probationary membership may be granted by the Membership Committee Chair after finding that the prospective member has complied with all of the requirements. The membership of a Probationary member may be terminated at any time by a majority vote of the Board. If such Probationary Member is terminated, he/she may reapply for membership at the end of six (6) months from the date of termination. All members who are/have been members of LVRS, or other EMS agencies, must come before the Board in person in order to be granted probationary membership. The Board may grant exceptions to this personal appearance policy in cases of extenuating circumstances.

Active Membership – Probationary members may be voted into this membership class by a majority vote at a general membership meeting after a **4 month probationary period**. During that 4 month period, the Probationary member must have complied satisfied the requirements of a Probationary member by riding at least thirty-six (36) hours per month (or fifteen (15) hours per month if in high school) and obtaining their EMT certification. Active members contribute a minimum of thirty-six **(36) hours** of duty time on his or her assigned crew per month. **Members between the ages of 16 and 18, who are still in high school, must ride a minimum of fifteen (15) hours.** Up to 12 duty hours each month may be acquired by attending training classes. Duty hours may also be acquired by attending General Membership Meetings.

Associate Membership – The Associate membership shall be comprised of those persons who are members of another EMS agency or a physician (MD or DO) or a Registered Nurse, Nurse Practitioner, Physician’s Assistant, or Paramedic who actively practice at a hospital in an emergency department or critical care setting who also holds a valid Virginia EMT certification and CPR that wish special riding privileges with the Corporation. Associate membership may be granted upon finding the prospective member has complied with all the requirements of the Membership Chair and upon a majority vote of the Board of Directors. Associates contribute a minimum of eighteen **(18) hours** of duty per month.

Support Membership – Eligibility for Support membership shall be limited to those persons who have made a commitment to assist in the purposes of the Corporation in a non-EMS capacity. Support members contribute a minimum of twelve **(12) hours** of **non-EMS** services a month. Support members may be ages fifteen (15) and up.

Keep this page for your records

Type of Membership applying for

- Probationary Membership Support Membership Associate Membership
 Former Member - reapplying

Personal Information

Full Name: _____

Social Security Number: _____ - _____ - _____ DOB: ____/____/____

Current Address: _____

City/Town: _____ State: _____ Zip Code: _____

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

Email: _____

Present Employer: _____

How long have you been an employee: _____ Phone Number: (____) - ____ - _____

In the event of an emergency whom should we notify?

Name: _____ Relationship: _____

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

Educational Background

High School Attended: _____ City, State _____

Year Graduated: _____

Diploma Type: GED Standard Advanced Studies

College Attended: _____ Year Graduated: _____

Major: _____ Minor: _____

Criminal Background

Have you ever been convicted of any offense including moving traffic violations?

YES NO

If yes please explain below including the date of the offense, offense and the outcome

1. _____
2. _____
3. _____
4. _____
5. _____

Previous Fire/EMS Experience

Please list below any Fire/EMS you are or have been affiliated with. Please include your Chief/Captains name and a contact number for that person.

1. _____
2. _____
3. _____
4. _____
5. _____

(add additional page if needed)

Have you ever applied for membership with the Lakeside Volunteer Rescue Squad?

YES NO

If yes, what was the outcome of that application and if it resulted in you becoming a member, under what circumstances did you leave.

Current EMS Certifications

Check all certifications that apply to you, and attach a copy of each.

<input type="checkbox"/> CPR Exp Date: _____	<input type="checkbox"/> EMT Exp Date: _____	<input type="checkbox"/> Enhanced 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 700 Exp Date: _____	<input type="checkbox"/> NIMS 800 Exp Date: _____	<input type="checkbox"/> NIMS 100 Exp Date: _____	<input type="checkbox"/> NIMS 200 Exp Date: _____	<input type="checkbox"/> NIMS 300 Exp Date: _____

Please list any other certifications (include any instructor level certifications):

In a short summary please explain why you chose to join the Lakeside Volunteer Rescue Squad?

Are you applying or have you applied to any other area rescue squad within the past 2 months? _____. If so, Where: _____

What type of training are you hoping to obtain in the near future?

Name and contact information of 3 character references (reference forms attached):

Criminal Background Investigation

Pursuant to § 32.1-111.5 of the Code of Virginia¹ and the Virginia EMS Regulations,² Lakeside VRS conducts criminal background checks through the submission of fingerprints to the Virginia Office of EMS.

Upon receiving the completed Membership Application, the Chairman of the Membership Committee will contact the prospective member in order to distribute the fingerprint card and to give instruction on completing this process.

¹ <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.5>

² 12VAC5-31-910, <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-910>

LAKESIDE

VOLUNTEER RESCUE SQUAD

2007 Timberlake Avenue
Richmond, Virginia 23228

Pursuant to VA Office of EMS Regulation 12VAC-31-940, Lakeside VRS has enacted a Drug Use & Abuse Policy which requires all applicants for membership to submit to a drug screening prior to acceptance into membership. This policy also includes drug and alcohol screening for any current member post accident/incident, such as a motor vehicle accident, and for cause upon written complaint of a possible impairment issue. I understand that pursuant to the aforementioned policy, I am required to submit to a urine sample for drug screening prior to acceptance into membership and when requested to do so in case of a post accident/incident or for cause reason. I understand that my refusal to submit to a drug or alcohol screen may result in immediate disqualification from the membership process if I am an applicant or in further disciplinary action up to and including suspension and/or termination of my membership if I am a current member. Current members are not required to take an initial drug screen under this policy, but must abide by all stipulations therein. A copy of the Drug Use & Abuse Policy will be made available upon request prior to screening. This policy is contained in the Lakeside VRS Policies & Procedures which is issued to all members upon acceptance into membership.

Acceptance by Applicant/Member

I hereby acknowledge that I have read the above, understand and agree to be bound thereby.

Name: _____

Date of Birth: ___ / ___ / ___

Signature: _____ Date: _____

If applicant/member is less than 18 years old:

Parent/Guardian Name: _____

Parent or Guardian Signature: _____ Date: _____

Office Use Only:

Authorization form received on: _____

Received and reviewed by: _____

Lakeside Volunteer Rescue Squad

2007 Timberlake Avenue
Richmond, VA 2328
Business (804) 266-7498

RELEASE OF LIABILITY/PARENTAL AUTHORIZATION

This agreement made this _____ day of _____, 20____, by and between the Lakeside Volunteer Rescue Squad, Inc., a Virginia non-stock corporation, and:

_____/_____/_____
Name Date of Birth Phone Number

Address, City, State, Zip

WHEREAS, the above-named individual, (herein after "Rider") is interested in participating in the Lakeside Volunteer Rescue Squad Ride-Along program as a silent observer to learn more about EMS and the agency.

WHEREAS, the Lakeside Volunteer Rescue Squad (herein after "LVRS") is willing to grant interested individuals the opportunity to participate in the Ride-Along program to help educate those who want to learn about EMS and the agency.

THEREFORE, in consideration of this agency granting permission to the Rider to enter, be around and upon its property, and any and all equipment or vehicles, the parties hereto agree as follows:

1.) The Rider hereby waives all claims for damages or losses to his person or property which may be caused by any negligent act, or negligent failure to act except those constituting criminal or wanton and willful acts on the part of the Lakeside Volunteer Rescue Squad, its officers, agents, or employees. The Rider will assume the risk of all dangerous conditions in and about the corporation's property or vehicles.

2.) The Rider agrees that he/she is a silent observer and that he/she shall not take any action or perform any functions during the course of their Ride-Along unless directed to do so by the Attendant-In-Charge or Crew Chief. In the event that the Rider acts to the contrary of the foregoing, the Rider agrees to defend, indemnify, and hold LVRS harmless from any actual or threatened liability, damages, expenses, penalties, or judgments, including, but not limited to, attorney's fees arising from any action taken or the breach of any covenant of the Agreement.

3.) This release is freely and voluntarily entered into by the Rider in consideration of the granting of permission to ride on the corporations vehicles and this release shall be binding upon the Rider, his/her heirs, and personal representatives.

4.) The Rider shall not discuss any patient information, treatment, or agency-related matter with any other individual upon the completion of their ride-along. The Rider shall be in compliance with all laws governing patient confidentiality. The Rider shall not keep any items issued to or used by the Rider during their ride-along, including, but not limited to uniforms, jumpsuit, jacket, traffic vest, call sheets, EMS equipment, or any other article of the corporation.

5.) The Rider certifies that he/she is of legal age and can enter into a valid contract with LVRS in the matter. If the Rider is not of legal age, the Rider **and** the Rider's parent or guardian shall sign below in agreement to these provisions and gives permission for the Rider to participate in the Ride-Along program.

6.) This contract shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia.

IN WITNESS THEREOF, the Parties have executed this Agreement, which shall be effective beginning this date and until the conclusion of the Rider's participation in the Ride-Along program or until the Rider has been accepted into the Membership of this corporation.

Rider _____ Parent/Guardian (if under 18y/o) _____

Statement

I hereby affirm that the above information is true and correct to the best of my knowledge. I also realize that any fraudulent information may be sufficient cause for rejection or subsequent revocation of my membership. Finally, I affirm I have not been convicted of any felony under the laws of the United States of America within the last five years.

It is understood that if I am accepted, I shall be required to abide by the rules and regulations set forth in the By-Laws and Policies and Procedures, of the Lakeside Volunteer Rescue Squad and all state and local laws and guidelines or be subject to dismissal by a vote from the membership. I authorize investigation of my character references, driving record, physical and mental conditions or any other matter contained on this application.

Name

Signature / Parent if under 18

____/____/____
Date

Reference # 1 for: _____

References may not be family members and must be at least 18 years of

Name: _____ Contact info _____

How are you acquainted with the applicant: _____

How long have you known the applicant: _____

Do you feel the applicant is a responsible person that you would trust with confidential patient information? Please explain why or why not.

How well does the applicant interact with others?

Have you ever had any type of issues with the applicant? _____

Does the applicant demonstrate a sense of commitment and fulfillment of obligations?

How well does this applicant follow directions and perform detailed work under pressure?

Would you recommend this applicant for membership with the Lakeside Volunteer Rescue Squad?

Thank you for your time and attention on this applicant's behalf.

Please return this form to:

*Lakeside Volunteer Rescue Squad
2007 Timberlake AVE
Richmond, Virginia 23228
Attn: Chairman, Membership Committee*

Reference # 2 for: _____

References may not be family members and must be at least 18 years of age.

Name: _____ Contact info _____

How are you acquainted with the applicant: _____

How long have you known the applicant: _____

Do you feel the applicant is a responsible person that you would trust with confidential patient information? Please explain why or why not.

How well does the applicant interact with others?

Have you ever had any type of issues with the applicant?

Does the applicant demonstrate a sense of commitment and fulfillment of obligations?

How well does this applicant follow directions and perform detailed work under pressure?

Would you recommend this applicant for membership with the Lakeside Volunteer Rescue Squad?

Thank you for your time and attention on this applicant's behalf.

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2007 Timberlake AVE
Richmond, Virginia 23228
Attn: Chairman, Membership Committee*

Reference # 3 for:

References may not be family members and must be at least 18 years of age.

Name: _____ Contact info _____

How are you acquainted with the applicant: _____

How long have you known the applicant: _____

Do you feel the applicant is a responsible person that you would trust with confidential patient information? Please explain why or why not.

How well does the applicant interact with others?

Have you ever had any type of issues with the applicant?

Does the applicant demonstrate a sense of commitment and fulfillment of obligations?

How well does this applicant follow directions and perform detailed work under pressure?

Would you recommend this applicant for membership with the Lakeside Volunteer Rescue Squad?

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Attn: Chairman, Membership Committee*

Squad Use Only

Date application was received: ____/____/____

Date applicant met with membership committee: ____/____/____

Date applicant background sent: ____/____/____

Date applicant background received back from Henrico County: ____/____/____

Date of drug test: ____/____/____ Circle one: Pass Fail

Accepted into Membership: Yes No

Date Probationary Membership Started: ____/____/____

Date Associate Membership Started: ____/____/____

Date Full Membership Started: ____/____/____

Date Started Support Membership Started: ____/____/____

If applicant was previously a member and is reapplying, date re-accepted by the Board: ____/____/____ Type of membership granted: _____

Changes in membership status:

Type of change: _____ Date: ____/____/____

Type of change: _____ Date: ____/____/____

Type of change: _____ Date: ____/____/____

Significant Contributions:

Levels Achieved: _____

Offices Held: _____

Board/Committee positions: _____

Other: _____