



Lake Monticello

Volunteer Rescue Squad

Palmyra, Virginia

Application for Membership



**LAKE MONTICELLO VOLUNTEER
RESCUE SQUAD**

**Mailing Address: 10 Slice Road
Palmyra, Virginia 22963**

**Building Location: 14 Slice Road
Palmyra, Virginia 22963**

434-589-4108

Thank you for your interest in the Lake Monticello Volunteer Rescue Squad (LMVRS). LMVRS is a 24 hours a day, seven days a week emergency medical services agency certified by the Commonwealth of Virginia, Office of Emergency Medical Services and operating under prehospital medical protocols for this area of Virginia. Our organization performs prehospital care and transport to area hospitals for patients who have called 911 for emergency assistance. We are all volunteers who work at least one 12 hour shift per week, either 6:00AM to 6:00PM or 6:00PM to 6:00AM and 1 Saturday duty 12 hour shift about every five weeks.

LMVRS has two basic categories for membership: Ambulance Driver and Emergency Medical Technician (EMT). Both jobs require certification in cardiopulmonary resuscitation (CPR). Classes are usually available through LMVRS.

To qualify as an ambulance driver one must undergo two 8-hour training sessions. One day is in a classroom and the second day is a practical driving course. Driver duties include driving patients to hospitals under various emergency situations, studying maps and helping move patients in and out of the ambulance. Each driver starts out with on the job training with an experienced driver. Conditional membership may be granted to those in the process of obtaining the required training.

To qualify as an EMT a candidate must complete a 120-hour prehospital emergency care course. This EMT-Basic course normally takes approximately 4 months with classes meeting two or more times each week for 2 to 3 hours. Following the training, each student must take the Virginia EMT-Basic test, which includes a written test and a practical test where the student must demonstrate correct procedures in caring for patients under three different scenarios. EMTs are responsible for the care of patients before and during transport to the hospital and assisting patients with certain medications. Conditional membership may be granted to those in the process of obtaining the required training.

If you are interested in applying for membership in LMVRS and have either of the above qualifications, or if you would like to become a conditional member while completing the training qualifications mentioned above, please follow all directions in this application. Fill out each page completely and legibly (use a pen or typewriter) and return the completed form to the LMVRS building. If you are already an EMT or Driver, or have a valid CPR card, please include a copy of the certification card.

The following forms make up this application for membership:

- 1. Application. (Please make certain it is signed and dated in the location provided).**
- 2. Authorization for release of information.**
- 3. Insurance waiver.**
- 4. Statement of commitment.**
- 5. Request for driving record transcript from the Virginia Department of Motor Vehicles (DMV). Take this form to a DMV office, tell them it is for a rescue squad, and you will receive a transcript at no charge).**

Your application will be reviewed by our Executive Committee (Membership Committee) and we will arrange an interview with you. The interview will allow the Committee members to meet you and will give you an opportunity to ask any questions you may have. The Committee will then vote on your membership in LMVRS.

All members of LMVRS are expected to regularly attend monthly LMVRS business and training meetings and participate in monthly basic life support or advanced life support continuing education training.

Being a rescue squad member demands time, training, and commitment. Please include your family in your decision to join LMVRS. The demands of the work, and the time away from home may place considerable stress on the family as well as on you. We will be happy to discuss this with you and answer any questions you may have.

Thank you for your interest in membership in our organization. We look forward to working with you and helping you become a part of the "Team for Life".

The Chief
LMVRS

Employers Name: _____ **Address:** _____
_____ **Telephone #:** _____

Dates Employed: (from) _____ (to) _____

Last Position Held: (title and description): _____

Reason for leaving: _____ Name of supervisor: _____

Employers Name: _____ **Address:** _____
_____ **Telephone #:** _____

Dates Employed: (from) _____ (to) _____

Last Position Held: (title and description): _____

Reason for leaving: _____ Name of supervisor: _____

Employers Name: _____ **Address:** _____
_____ **Telephone #:** _____

Dates Employed: (from) _____ (to) _____

Last Position Held: (title and description): _____

Reason for leaving: _____ Name of supervisor: _____

Use area below if additional space is needed.

List any EMS or other certifications held. Indicate the current status and expiration dates of certifications:

CPR: _____ EMT-B: _____ Advanced Life Support: _____

_____ (include Shock Trauma Technician, Enhanced, Cardiac
Technician, Intermediate, Paramedic). First Responder: _____ Emergency Vehicle
Operator Course: _____ Other: _____

Do you hold a current drivers license? _____ From what state? _____
Drivers License number: _____

List any traffic violations within the past five years including disposition of case (if none, so indicate): _____

Have you ever been convicted of a crime other than a traffic violation? _____ yes _____ no. If yes, give details to include State, Court, offense, date, and disposition:

Personal References: (List names, addresses, and telephone numbers of three persons who know you who are not relatives or former employers:

1. _____
2. _____
3. _____

Have you ever had any special training driving emergency type vehicles? _____ If so, give details: _____

Do you have any condition that would prevent you from driving an emergency vehicle? _____ If so, give details: _____

Current citizenship status: _____ Date of Birth: _____

Place of Birth: _____ Height: _____ Weight: _____

List medications taken regularly: _____

Would any of these medications prevent you from being an emergency responder? _____

Do you have any condition that might prevent you from lifting heavy objects? _____. If so, explain: _____

Are you acquainted with any current or former Lake Monticello Rescue Squad members? _____. If so, please list the names: _____

Are you currently enrolled in an EMT class? _____ If so, show location of class. If not, do you have plans to pursue EMT certification? _____. Please Explain: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

STATEMENT

I hereby certify that all the information contained in this application is true and accurate. I understand that any information contained in this application which is found to be untrue or inaccurate will be grounds for my appointment to be rejected or at anytime withdrawn, if appointed, without notice, and that the only recourse that I may pursue is an appeal to the Board of Directors of the Lake Monticello Volunteer Fire Department and Rescue Squad, Inc. I also understand that my appointment/membership may be revoked at any time by a majority vote of the Lake Monticello Volunteer Fire Department and Rescue Squad, Inc. Board of Directors and that I will have no other appeal. I agree to submit to a pre-appointment physical examination and a drug screen, at the Corporation's expense, to determine my eligibility to function in any emergency responder capacity. I further agree to abide by the policies and rules of the Corporations and its' Divisions.

Signed: _____ Date: _____

Rescue Squad Witness: _____ Date: _____



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AUTHORIZATION

I authorize the use of any information in this application to enable the Lake Monticello Volunteer Fire Department and Rescue Squad, Inc. (The Corporation) to verify statements made by me in this application, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked by The Corporation concerning my ability, character, reputation and previous employment record. I release all persons who furnish information about me from any and all liability or damages on account of having furnished information.

Signed: _____ Date: _____

Name: (Please Print): _____

Rescue Squad Officer Witness: _____ Date: _____



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Statement of Commitment

As a member of the Lake Monticello Volunteer Rescue Squad (LMVRS), I hereby make a commitment to:

1. Give a minimum of approximately fifty (50) hours per month.
2. Attend membership meetings as scheduled.
3. Attend training sessions as scheduled.

As a full member of LMVRS, I understand that I can be asked to resign or be dismissed from the squad for any of the following reasons:

1. Failure to comply with the by-laws of the organization.
2. Failure to comply with the Policies and Procedures and Standards of Conduct of the organization.
3. Failure to complete the training programs (EVOC, CPR, EMT, etc.) as required by the organization.
4. Failure to work the minimum time per month over a period of three (3) months.
5. Failure to attend monthly training meetings for three (3) consecutive meetings with completing pre-approved, alternative training.
6. Breach of patient and squad confidentiality.
7. Unethical behavior.
8. Unwillingness to follow the directions of the officers of the organization.

As a member, I will participate in the other activities of the organization as I can.

Printed Name of Applicant

Signature of Applicant

Signature of LMVRS Officer

Date

Date



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Waiver

I, the undersigned, in consideration of the benefits derived from participating as a member or observer in the activities of the Lake Monticello Volunteer Rescue Squad, do hereby waive and revoke all claims to liability I may hold deriving from the legitimate operations of said squad, while observing and participating.

_____	_____
Name (Print)	Social Security #
_____	_____
Street Address	City State Zip
_____	_____
Home Telephone	Work Telephone May we call you at work? _____
_____	_____
Signature	Witnessed
_____	_____
Date	Date
_____	_____
Rescue Squad Officer	Date