

# HIGHLAND COUNTY VOLUNTEER RESCUE SQUAD, INC.

P.O. Box 268 Monterey, VA 24465 www.HighlandRescue.net 540-468-2295 Office 540-468-2296 Fax

### APPLICATION COVER SHEET

Thank you for your interest in learning more about our organization! Highland County Volunteer Rescue Squad (HCVRS) is an all-volunteer organization that dates back to 1963. In 2014, the Highland County hired an EMS Coordinator to head the agency and to assist the volunteers in completing the agency's mission: "To provide the Citizens and Visitors of Highland County with high quality emergency care." We are proud to be one of the oldest and strongest squads in Virginia!

Your application will be reviewed by our membership committee. We may schedule an appointment for an interview. Junior Squad applicants will be asked to bring a parent or their guardian along for the interview.

You will be required to complete a criminal background check prior to your official participation with an EMS Agency under Virginia Regulations. You will need to be scheduled for fingerprinting at the Highland County Sheriff's Office by a representative of our agency in the near future. Also, a copy of your driver's license must accompany this application and the authorization form to complete a DMV Driver transcript needs to be signed by you and returned to the squad for processing. HCVRS participates in initial and random drug screening programs as well.

Once everything is completed and your references are reviewed, the membership votes on your application at the next business meeting. The criminal background checks can take periods of 10-90 days or possibly longer, so we highly recommend beginning the process as soon as possible to prevent delays. Our probationary period is at least six months.

\*All membership applicants must complete ALL required documentation in order for your application to be considered complete! \*

Thank you for your interest! Please visit our office, call or email us if you have any questions.

#### MEMBERSHIP APPLICATION

Please Check One

Full Senior	Associate	Driver	
Junior	Administrative	Jr. Administrative	

Name:	
Address:	
	(C)
SS Number (Last 4 Only	):
In Case Of Emergency N	Jotify:
	(C)(W)
Education: Highest Grad	e Completed:
Name of College or Uni	versity:
Degree:	Major:
Hours Completed:Are you now, or have yo	u been in the past affiliated with any Fire or Rescue Agency?
Are you now, or have yo Yes N	u been in the past affiliated with any Fire or Rescue Agency?
Are you now, or have you Yes N Organization Name:	u been in the past affiliated with any Fire or Rescue Agency?
Are you now, or have you Yes N Organization Name: Address:	u been in the past affiliated with any Fire or Rescue Agency?
Are you now, or have you Yes N Organization Name: Address:	u been in the past affiliated with any Fire or Rescue Agency?
Are you now, or have you Yes N Organization Name: Address: Phone: (List any additional info	u been in the past affiliated with any Fire or Rescue Agency?  Person In Charge:
Are you now, or have you Yes N Organization Name: Address: Phone: (List any additional info	person In Charge:
Are you now, or have you Yes N Organization Name: Address: Phone: (List any additional info	person In Charge:
Are you now, or have you Yes Norganization Name: Address: Phone: (List any additional infood Have you ever been con Yes If yes, List all and explain	person In Charge:
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Are you now, or have you Yes Norganization Name: Address: Phone: (List any additional info Have you ever been con Yes If yes, List all and expla	person In Charge:
Are you now, or have you Yes Norganization Name: Address: Phone: (List any additional information Have you ever been contained Yes Yes If yes, List all and explain Do you currently use any	person In Charge:

Are you currently employed?	Yes	No	May we contact them? _	YesNo
Employer:				
Employer Address:				
Position Held:	Employers Phone:			
References:				
List name, addresses and telepho	ne number	s of three	e people not related to you	who know your
qualifications:				
1. Name:			Phone:	
Address:				
2. Name:			Phone:	
Address:				
3. Name:			Phone:	
Address:				
Explain below why you wish to l Squad:	pecome a m	nember (	of the Highland County Vol	lunteer Rescue
When would you be available to	begin duty	?		

Recruitment:		
Were you recruited by	y a current squad member?	Yes No
If so, please list mem	ber's name:	
Full Senior Member of	of Highland County Volunteer Re	escue Squad Recruiter Signature:
	Recruiter Signature	Date
Affirmation:		
that all information is Highland County Vol authorize release of p consideration of appli falsification of inform	subject to verification and give in unteer Rescue Squad, Inc. to con- ersonal information held by those cation for membership of said or nation can result in disqualifying	
record with Law Enfo my motor vehicle reco	orcement agencies as required by ord on an initial and regular basis	escue Squad to check my criminal history law and I give my permission to review on as required. I understand this is necessary ghland County Volunteer Rescue Squad.
Applicants Signature:		
Date:		
	Office Use Or	 nlv
Date Received:	Date Reviewed:	Date Interviewed:
Membership Commit	tee Approval Rating:	_
Date Accepted/Denie	d as probationary member:	
Date Accepted as Ful	l Member:	
Date Applicant reject	ed and reasons:	



### MUST BE COMPLETED BY JUNIOR APPLICANTS ONLY

I am acquainted with the above named student and know him or her to be of good moral

## **Statement of School Principal or Assistant:**

character, he or she maintains satisfactory academic grades, and feel that he or she would make a good member of the Junior Squad. Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Statement of Parent or Guardian Consent:** I hereby grant permission for my son / daughter / ward, to become a member of the Junior Squad and agree to hold Highland County Volunteer Rescue Squad, Inc. not responsible for any injury he or she might sustain in his or her training or performance of duties. Print Name: Relation: Date: \_\_\_\_\_ **Statement of Applicant:** If accepted as a probationary member of the Junior Squad or Auxiliary, I pledge to uphold the high traditions of the Highland County Volunteer Rescue Squad, Inc., to apply myself, to learn and apply the principles of First Aid to the ill and injured, and to obey the rules and regulations of the organization and its officers. Print Name: \_\_\_\_\_ Date: \_\_\_\_\_