



Mid-County Volunteer Rescue Squad, Inc.

P.O. Box 355
Heathsville, Virginia 22473

Voice: (804) 580-8615

Fax: (804) 580-9500

E-mail: president@mcvrs.com

Membership Application

Personal Information

Last Name First name MI

Street Address

City State Zip

Home Phone Work phone Email address

SS# Place of birth Date of birth

Employer

Name

Street Address

City State Zip

Phone

Education

How many hours per week do you work or attend school?

Education (circle last year completed) **High school:** 9 10 11 12 **College:** 1 2 3 4

Other education (attach additional pages if necessary)

Professional/technical degrees (attach additional pages if necessary)

Emergency Contacts

Please list the names of two people to contact in the event of a personal emergency or illness while on EMS duty:

Name Relationship Phone

Name Relationship Phone

EMS Affiliation

Have you ever been involved in EMS (volunteer or paid)? No Yes

If yes, Agency name

Street Address

City State Zip

Phone **List other EMS agencies on an additional page**

EMS Certification

Check all that apply:

	Expiration date		Expiration date
CPR <input type="checkbox"/>	<input type="text"/>	EMT-ST <input type="checkbox"/>	<input type="text"/>
EVOC <input type="checkbox"/>	<input type="text"/>	EMT-CT <input type="checkbox"/>	<input type="text"/>
EMT-B <input type="checkbox"/>	<input type="text"/>	EMT-P <input type="checkbox"/>	<input type="text"/>

Other (describe) (attach additional pages if necessary)

Attach copies of all certificates

Please list three people who can attest to your character. Do not list relatives or current members of this squad.

References

Name			
Street Address			
City	State	Zip	
Phone			
Name			
Street Address			
City	State	Zip	
Phone			
Name			
Street Address			
City	State	Zip	
Phone			

Rules and regulations¹ governing emergency medical services agencies in Virginia require the squad to document an investigation into your background. To help us do so, please fill out and mail a criminal history background check request form to the Central Criminal Records Exchange of the Virginia State Police. *(Although the form mentions a fee for the service, the fee is waived for volunteer organizations. You do not need to send money to the State Police.)*

In addition, the rules and regulations² require us to document your driver record for the last five years. Please contact the Virginia Department of Motor Vehicles (or the state where you most recently lived if your Virginia residency does not extend back five years) to request a copy of your record. In Virginia, the cost for the report is \$8.

You can request your record in various ways:

- Online at <http://www.dmv.state.va.us/webdoc/citizen/records/index.asp>
- In writing from Virginia Department of Motor Vehicles
Attention: Vehicle (Driver) Records Work Center
P. O. Box 27412
Richmond, VA 23269
- By visiting a DMV customer service center. The center nearest to Heathsville is located at Highway 1036 (DMV Drive) Kilmarnock, VA 22482

We cannot act on your application without the reports from the State Police and Department of Motor Vehicles, so be sure to include them when you submit your application form to us.

By signing and submitting this application, I state that the information provided is complete and accurate to the best of my knowledge. I understand that Mid-County Volunteer Rescue Squad will verify this information.

If and when I become a member of this squad, I will comply with its bylaws and standard operating procedures. I understand my membership status is contingent upon compliance with these guidelines.

Applicant's signature

Date

¹ Office of Emergency Medical Services Rules & Regulations, 12 VAC 5-31-540, Personnel Records,

² Office of Emergency Medical Services Rules & Regulations, 12 VAC 5-31-910, Criminal or Enforcement History.