

Application for Volunteer Membership

Roanoke Emergency Medical Services, Inc.

Personal Information

Last Name	First Name	MI	SS#	DOB	Marital Status
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Home Address (Include Apt. #)	City	State	Zip Code
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Home Phone	Work Phone	Cell Phone	Email Address
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Name and Address of Parent/Guardian (**REQUIRED** if applicant under 18 years old)

Personal Vehicle: Make, Model and Year	License Tag #	Expiration Date
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Medical Information

Do you have any physical or medical conditions which could affect your ability to perform in strenuous physical activity as is required in emergency medical services work? If yes, please explain condition and/or limitations below: (**physical or medical conditions listed will not be cause of denial of this application unless deemed to be hazardous by membership committee. **)

List any and all medications taken on a regular basis

Educational Background

Name of High School	Highest Grade Completed	Graduate or GED
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Name of College	Years Attended	Degree/Major
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List any and all Vocational or Technical Training Skills

Military Background

Branch of Service	Highest Rank/Grade	Job Specialty	Date of Entrance	Discharge Date/Type
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List any current military obligations. If you are in Reserves please include unit name and address.

E.M.S. Background

List any previous EMS affiliations (if more than 1, use an additional piece of paper) Dates of affiliation Chief/Captain

Station Mailing Address, City, State and Zip Code

Explain reason for leaving

Current Certification Level Expiration Date Defensive Driving(Y or N) EVOC (Y or N)

List any other EMS Training Courses completed

Employment History

Current Employer Dates of Employment Immediate Supervisor

Business Address, City, State and Zip Code Business Phone Number

References

Please list **THREE** persons not related to you that can give an honest reference on your work ethic as well as character. ***Please give COMPLETE MAILING ADDRESS and EMAIL!***

Full Name Street Address (Include Apt. #)

City State Zip Code Telephone Number

How Acquainted How Long Acquainted E-Mail Address

Full Name Street Address (Include Apt. #)

City State Zip Code Telephone Number

How Acquainted How Long Acquainted E-Mail Address

Full Name Street Address (Include Apt. #)

City State Zip Code Telephone Number

How Acquainted How Long Acquainted E-Mail Address

Background (Please circle your answer to questions 1 and 2)

1) Have you ever been convicted of any law violation(s)? YES NO
2) Please note the type of violation(s). Felony Misdemeanor Traffic (Moving Violation- excluding minor traffic violations)

3) Give description of the offense(s): _____

4) Date of the charge(s): _____

5) Date of conviction(s): _____

6) Locality of conviction(s) (please include County, City and State): _____

If there is more than one offense please use a separate piece of paper.

Miscellaneous Information

Please note any additional information you feel in pertinent to your evaluation for membership with REMS.

Census Information

How did you find out about Roanoke Emergency Medical Services, Inc.?

Certification of Information

This is an application for membership and is used by Station Officers and Membership Committee for evaluation purposes ONLY. I certify that all information I have provided on this application is true, accurate and complete. I understand that falsification, omission or misrepresentation of facts on this application (or any other accompanying or required documentation) will be cause for denial of acceptance or termination of volunteer status, regardless of when and how discovered.

I also understand that all information on this application is subject to verification and I further understand that I will have to submit a copy of my driving record. By signing this application you are authorizing REMS Inc. to execute an affidavit for release of information from references, current/former employers and educational institutions regarding this application.

Furthermore, by signing this application I agree that I have never been convicted of a felony and consent to a criminal background check.

Applicant Signature _____ Date _____

Parent or Guardian Signature (Required for all applicants less than 18 years of age) _____ Date _____

For Use by REMS Officers only
Date applicant placed on Probationary Status: _____
Date application denied: _____
Reason application denied: _____