



Greene County Rescue Squad, Inc. Application for Membership

Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____

E-mail Address: _____

Employer Name & Location: _____

Occupation: _____ Work Schedule: _____

Steps you must take before we can process your application:

1. The Commonwealth of Virginia requires that all new members of EMS agencies go through a background check, including fingerprints, prior to being voted in. It can take as much as eight weeks to get the results from this background check, though the results are usually faster. This can be done before the rest of your application is complete. It is your responsibility to get your fingerprints taken at the Greene County Sheriff's office at 10005 Spotswood Trail. This can be done without an appointment on Mondays and Wednesdays from 1 to 3 PM or Fridays from 8:30 to Noon. Once completed you will need to bring your fingerprint card to GCRS so it can be submitted for processing. There is no cost to you for the background check.
2. All applicants for membership are required to have a current certification in Healthcare Providers CPR. If you are not currently certified GCRS can help you find a class. Are you currently certified in CPR?
Yes No
3. All applicants must provide three references from individuals who have known them for more than one year, are not related to them, and do not live at the same address as the applicant. It is your responsibility to make sure three reference letters are submitted. Please ask your references to send an e-mail to Nicole Carpenter at carpennm@gmail.com. The e-mail should include how long they have known you, in what capacity, and whether they recommend you for membership in the rescue squad. Please list the names of your references here:

4. Once your application package is complete (including the rest of this document, copy of your CPR card, references, copy of your driver's license, copies of any certifications, and your background check) you will be contacted for an interview with the squad officers.



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Education:

	School Attended	Degree
High School Diploma		
High school equivalency diploma		
College Degree		
Graduate School		

Certifications:

Please list any current licenses or certifications you hold including Drivers License, CPR, EVOC, EMT. Attach copies if applicable.

Type	License or Certification #	State and licensing/certification board	Expiration Date

EMS Affiliations:

Are you now or have you ever been a member of an Emergency Services organization? Yes No

If yes, please complete the following:

Organization	Location	Dates you were a member

Physical and Mental Health:

Are there any physical, emotional, or medical conditions that require treatment by medication and follow up by a physician on a regular basis? Yes No

If yes, please explain: _____

If you are currently under a physician's care for any condition above you may be asked to provide documentation with a written release to assume the role of GCRS membership from your physician.

Driving History:

Do you want to be an ambulance driver? Yes No

Are you an assigned risk for automobile insurance? Yes No

Please list any moving violation charges or convictions. Provide a full disclosure and final disposition.



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1. As an applicant, I hereby acknowledge that I am at least 18 years of age, am in good health, and am applying to become a member of the Greene County Rescue Squad (GCRS). I shall abide by the policies and regulations and shall complete all courses, training, and duties as required by GCRS.
2. I give GCRS permission to obtain a copy of my driving record from the Department of Motor Vehicles for inclusion in my personnel file as required by the Virginia Office of EMS regulations.
3. GCRS prohibits the use of alcoholic beverages or medications that may impair the ability to think clearly, operate a vehicle, or impact on the performance of duties.
4. **Submission of this application does not guarantee membership to GCRS.** To achieve probationary status requires a panel interview with the Membership Committee, a recommendation, and a formal motion and vote from the membership (as outlined in the GCRS Bylaws) at a regular business meeting. **NOTE: Probationary members are not considered members until the completion of a 6 month probationary period.** GCRS Membership Committee reserves the right to postpone the processing of a candidate until all criteria has been received. GCRS reserves the right to decline any membership.
5. All patient information is confidential. A breach of confidentiality or violation of HIPPA regulations will result in disciplinary action or dismissal from GCRS.
6. Discrepancy of any requested information on this application will result in non-processing of this application or dismissal from GCRS.

By signing this application I acknowledge that the information included is accurate and complete. I understand that any omissions of requested information may result in my application being revoked and probationary membership denied.

Printed Name: _____

Signature: _____

Date: _____