



## *Stanley Volunteer Rescue Squad, Inc.*

P.O. Box 126  
Stanley, VA 22851-0126  
Station: (540) 778-7728

Dear Applicant:

Thank you for your interest in Stanley Volunteer Rescue Squad (SVRS). We are a volunteer rescue organization that covers the Town of Stanley, and the county surrounding this area. We also provide assistance (mutual-aid) to other fire and rescue agencies as needed.

In order to cover these calls we rely on the dedication of our members. We need volunteers that are responsible and willing to devote many hours to answering emergency calls, fundraising, training, and general work. We have several different membership categories, which are described in the attached paperwork. You will be asked to choose which membership suits you. Due to the time and money involved in training each new member we are looking for people who are willing to dedicate at least two years of service.

Once you have decided on the membership you would like to be a part of, the membership committee will take your application which includes a criminal history check. Your application will then be processed, and you will then be contacted by the committee to meet with them.

We welcome you to this organization and hope that you find how rewarding it is to serve the community. As part of this agency, you will experience things that you will never forget, and have the opportunity to touch people's lives in a way that you never knew you could. If you have any questions, please feel free to contact the membership committee. Again, welcome to our organization!

Sincerely,

*The Members of Stanley Volunteer Rescue Squad*

**“Anytime. Anywhere. We’ll Be There”**

## **Stanley Volunteer Rescue Squad, Inc.**

### **Classes of Membership**

#### **Active Members:**

- Shall agree to respond promptly to alarms, and participate in Squad functions and activities.
- Must first serve three (3) month probation and complete the probationary training packet.
- Must be age of eighteen (18) and have a clean criminal history check on file.
- Must run a six (6) hour duty every seven (7) days. For a total three hundred and twelve hours (312) of duty per year.
- Must obtain and maintain a current CPR certification. Must have EVOC and/or Virginia EMT **or** obtain such within the first (1<sup>st</sup>) year of membership.
- Attend at minimum of fifty (50) percent of all monthly business meetings (not missing more than two (2) consecutive meetings), and fifty (50) percent of all monthly trainings.
- Have voting privileges at meetings, after three (3) month probation and voted into full membership.
- Follow all Rules and Regulations, Standard Operating Guidelines (SOGs), and By-laws as set forth by the agency.
- Must have an acceptable Division of Motor Vehicle driving record on file, if you are a driver.
- May not be a member of any other Rescue Squad agency within Page County.

#### **Associate Members:**

- Shall agree to respond promptly to alarms, and participate in Squad functions and activities.
- Must first serve three (3) month probation and complete the probationary training packet.
- Must be age of eighteen (18) and have a clean criminal history check on file.
- Must run a six (6) hour duty every fourteen (14) days. For a total of one hundred and fifty six (156) of duty per year.
- Must obtain and maintain a current CPR certification. Must have EVOC and/pr Virginia EMT **or** obtain such within the first (1<sup>st</sup>) year of membership.
- Attend a minimum of twenty-five (25) percent of all monthly business meetings, and twenty-five (25) percent of all monthly trainings.
- Does not have voting privileges.
- May be appointed by Board of Directors to an administrative office (excluding President).
- Follow all Rules and Regulations, Standard Operating Guidelines (SOGs), and By-laws as set forth by the agency.
- Must have an acceptable Division of Motor Vehicle driving record on file, if you are a driver.
- May not be a member of any other Rescue Squad agency within Page County.

### **Auxiliary Members:**

- This class of members is set up for those who are unable or unwilling to run emergency calls.
- Are required to assist squad in areas such as fundraising, building, ground maintenance, general support, etc.
- Must be age of eighteen (18) and have a clean criminal history check on file.
- Not required to attending meetings or training drills.
- Does not have voting privileges.
- May be appointed by Board of Directors to an administrative office (excluding President).

### **Probationary Members:**

- Shall consist of three (3) month training period, but not to exceed 180 days.
- **Shall not respond to the scene by foot or personal vehicle.**
- Obtain CPR certification as soon as possible upon acceptance by membership committee.
- Shall try to get enrolled in EVOG and/or Virginia EMT course during this period if possible.
- Shall complete new member and other training packets as assigned by liaison or operational officer.
- Shall run minimum hour requirement based on the membership type you are applying for.
- Shall agree to respond promptly to alarms, and to participate in Squad functions and activities.
- Does not have voting privileges.
- Follow all Rules and Regulations, Standard Operating Guidelines (SOGs), and By-laws as set forth by the agency.

### **Junior Members:**

- Open to youth between the ages of sixteen (16) and eighteen (18) years of age.
- Must have a signed permission form from parent(s) or legal guardian.
- Must have a criminal background check on file.
- Shall maintain a good academic status while attending school.
- Shall at all times be accompanied by two (2) active members on all calls.
- At no time are you to operate an ambulance.
- Be responsible and willing to act in a mature manner and willing attitude.
- Follow all Rules and Regulations, Standard Operating Guidelines (SOGs), and By-laws as set forth by the agency. Also, following all Junior Guidelines.
- Must first serve a three (3) month probationary membership.
- Must be enrolled in an EMT-B class per the Junior Guidelines.
- **Must follow all Junior Squad Guidelines.**

**Stanley Volunteer Rescue Squad**  
**Guidelines for Observers**

1. Observers must be approved by the membership committee when an application is being accepted.
  2. Observer form will not be valid for more than 30 days.
  3. When coming to the station to ride with the ambulance crew, the senior member or officer will assign one member of the crew to be responsible for the observer and to direct the observer's actions.
  4. Observer shall not be permitted to spend the night at the station. Observers must leave Rescue 4's premises by 11 pm, unless you get back late from a call.
  5. Observers will not be allowed at Rescue 4 unless an Active member is present.
  6. Senior Members or officers have the right to refuse the observer to run on any call that he/she feels the observer should not be on , or when patient care would be compromised due to the observers presence.(ex. Fights, gunshots, cardiac arrest ,suicides etc.)
  7. If the observer is on an ambulance that is returning from a call and we are dispatched for one of the calls listed in NO.6 the AIC/OIC will have the observer get in the front passenger seat of the ambulance upon arriving on scene. They will not be allowed to assist with the call shall ride in the passenger seat to the hospital.
  8. **Dress Code** –appropriate clothing will be worn while on duty or anytime the observer participant is representing SVRS. No short hemlines, shorts or dresses of any kind. A solid color shirt should be worn, navy blue or gray preferably. Dark blue or Black pants .jeans is acceptable if they are in good condition. Shoes should be closed toe. No sandals, flip flops etc. good personal hygiene and a professional appearance is expected at all times. The senior member in charge of the ambulance, reserves the right to disapprove of any apparel that may be considered inappropriate or unsafe.
  9. Observers are not allowed to respond to the scene in their personal vehicle.
  10. Observers are not allowed to use their emergency lights when responding to the building for a call.
  11. Observers must wear an observer badge at ALL times. if lost there is a \$5.00 replacement fee.
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## Stanley Volunteer Rescue Squad, Inc.

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### Our Mission

The Stanley Volunteer Rescue Squad, Inc. will provide, without charge, the highest quality professional pre-hospital emergency medical care and rescue services to all citizens of the community in time of sudden illness, injury, or disaster. These services are made possible through the efforts of volunteers who donate their time to respond to emergency calls and maintain high training standards, as well as the voluntary financial contributions of the community.

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## APPLICATION FOR MEMBERSHIP

Dear Applicant:

Before completing and submitting this application, consider the responsibilities of being a good member. Besides the required six (6) hours per week, drills and meetings – remember the time needed to continue training, answering calls, standbys, transports, fundraising, and other activities necessary to keep an active squad functioning. If you feel you have the time and dedication to be a good member. We welcome your application with us. You must complete all appropriate sections of this application. Please print or type the required information. Membership with the Stanley Volunteer Rescue Squad, Inc. is at-will. No application, policy, procedure, or any statement made by a member or officer should be construed as a contract for any specific duration. Membership may be terminated at any time with or without cause.

### MEMBERSHIP CATEGORY WHICH YOU ARE APPLYING:

- Active Membership
- Associate Membership
- Auxiliary Membership
- Junior Membership

### PERSONAL RECORD

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Other Address: \_\_\_\_\_ Cell/Other Telephone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Are you legal to work in the United States?  Yes  No

Have you ever been a member of, or applied for membership to, this rescue squad under this or any other name?

Yes  No

How long have you been a resident of Page County? \_\_\_\_\_

When will you be available to volunteer? \_\_\_\_\_

***In case of an emergency, contact:***

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Present/Last Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Description of Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer?  Yes  No

**EDUCATIONAL BACKGROUND**

◆ High School Attended: \_\_\_\_\_

Last grade completed:  9  10  11  12 Diploma/GED:  Yes  No

Graduation Year: \_\_\_\_\_ City/State: \_\_\_\_\_

◆ College or University Attended: \_\_\_\_\_

Last year completed:  1  2  3  4  Post Graduate  Other

Credit Hours Completed: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ City/State: \_\_\_\_\_

**MEDICAL HISTORY**

- Are you currently being treated for any medical conditions?  Yes  No
- Are you currently under a physician’s care for any medical conditions?  Yes  No
- Do you routinely take any prescription or non-prescription medications?  Yes  No
- Do you have any condition that would prevent you from lifting or exerting at least 35 pounds of force?  Yes  No
- Have you ever been treated for a mental or psychological disorder?  Yes  No

**MEDICAL HISTORY – CONTINUED**

If you answered yes to any of the previous questions, please explain in detail: \_\_\_\_\_

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Any other Medical History or Physical Conditions (back problems, knee injury, hernias, heart conditions, etc.): \_\_\_\_\_

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**CRIMINAL HISTORY**

Have you ever been convicted in the last five (5) years of any crime(s)? Include misdemeanors, traffic offenses, and/or felonies. Affirmative answers do not necessarily disqualify applicant.  Yes  No

If you answered yes, explain in detail (including persons, places, dates and times): \_\_\_\_\_

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May we check your criminal history record?  Yes  No

**SERVICE ORIENTATION**

Are you currently, or have you ever been, a member of any other fire, rescue or emergency services agency?  Yes  No

If so, which organization(s): \_\_\_\_\_

May we contact your superior officer regarding your service?  Yes  No

Are you currently a member of any other community service organization?  Yes  No

If so, which organization(s): \_\_\_\_\_

Have you ever been denied membership, had disciplinary action taken against you, or been asked to resign by this or any other fire department, rescue squad, or emergency services agency?  Yes  No

If you answered yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DRIVING RECORD

What type of driver's license do you hold? (Check all that apply.)

Standard License     Commercial Driver's License     Other     No License

State of License: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If No License, are you willing to obtain it?  Yes  No      Number of years driving experience: \_\_\_\_\_

Restrictions (corrective lenses, night blindness, etc.): \_\_\_\_\_

May we obtain a copy of your Driver's Transcript or Record?  Yes  No

### EMERGENCY SERVICES TRAINING

List all fire, rescue, EMS, and/or emergency services training, experience, and certifications you hold. Include expiration dates and certifying state, department, or agency:

First Aid: \_\_\_\_\_ CPR: \_\_\_\_\_ EVOC: \_\_\_\_\_ Other: \_\_\_\_\_  
Expiration Date                      Expiration Date                      Expiration Date

EMT – Levels:     Basic     Enhanced     Intermediate     Paramedic

Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**QUALIFICATIONS, SKILLS, AND TRAINING**

List any special qualifications, skills, and/or licenses you hold. Include special courses, armed forces training, skills with machines, memberships in professional, scientific, or academic societies, work training programs, public speaking experience, and trade school backgrounds, etc.

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Are you able to serve as an interpreter for any language(s)?  Yes  No

If so, which language(s)? \_\_\_\_\_

**REFERENCES**

List three (3) references (no relatives or current S.V.R.S. members) that have known you for at least one (1) year:

- 1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**DESIRE STATEMENT**

Why do you want to be a member of the Stanley Volunteer Rescue Squad, Inc.? \_\_\_\_\_

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What skills, talents, or abilities do you have that would benefit the Stanley Volunteer Rescue Squad, Inc.? \_\_\_\_\_

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Do you know any members of this rescue squad?  Yes  No

If so, who? \_\_\_\_\_

Were you recruited by a current member of this rescue squad?  Yes  No

If so, who? \_\_\_\_\_

### **CERTIFICATION**

***Attention: This statement must be signed. Please read the following statement carefully before signing.***

If accepted into membership of the Stanley Volunteer Rescue Squad, Inc. I understand that I must abide by the constitutions and By-Laws and other posted rules and regulations of the organization. This means the support of the various fundraising activities as well. Also if I'm not presently certified as an EMT or EVOC, that I must register and obtain certification within one (1) year of acceptance into the Stanley Volunteer Rescue Squad.

I hereby certify that the facts set forth in the above Application for Membership are true and complete to the best of my knowledge, and I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected, and I will be disqualified from ever applying for membership with this rescue squad in the future. I understand that if I am accepted into membership, falsified statements on this application or omission of information may result in immediate dismissal.

The Stanley Volunteer Rescue Squad, Inc. is hereby authorized to make any investigation of my personal history, criminal history, driving record, and employment history. I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited.

I understand that membership is at-will and the Stanley Volunteer Rescue Squad, Inc. or authorized representative may terminate my membership with or without cause and with or without notice at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## CRIMINAL RECORD AUTHORIZATION

By my signature below, I certify that I have not been convicted of or have any pending charges of any barrier crime (felonies or misdemeanors) that was not listed on my application for membership with Stanley Volunteer Rescue Squad.

I am aware of the requirement to submit, before I can become a volunteer member of the Stanley Volunteer Rescue Squad, a sworn statement or affirmation, from the Central Criminal Records Exchange (within the Virginia Department of State Police), disclosing that I have not been convicted of or have any charges pending of any barrier crimes in or outside of the Commonwealth of Virginia other than those charges listed on my application for membership.

I realize that the Stanley Volunteer Rescue Squad, Inc. will utilize the information provided below to obtain a sworn statement or affirmation of my criminal record in conjunction with the County of Page, County of Page Fire-EMS, and/or Virginia Department of State Police.

I realize that is this statement is not received with my application for membership, that processing of my application will cease until the statement has been received. Also, if a barrier crime is disclosed or I fail to comply with obtaining this statement, termination of application process and/or termination of membership will occur.

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Signature of Volunteer Member Date

Full Name (printed): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Gender:  Male  Female      Ethnicity/Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_



# Stanley Volunteer Rescue Squad

(540) 778-7728

## Confidentiality Agreement

As a volunteer member of Stanley Volunteer rescue Squad, you must understand that patient and company confidentiality is essential. When you act as EMS personnel, you obtain a considerable amount of information about a patient. Any information you obtain about a patient's history, condition or treatment is considered confidential and must **Not** be shared with anyone, other than those indicated in the next paragraph.

It is understood that patient information may be shared with other health care professionals who will have a role in the patient's care or in a quality improvement setting. It is appropriate to share and give information about the patient to the nurse or physician at the receiving hospital. You may discuss the call with your crew members that took care of the patient or other fire/rescue personnel that was on the scene or assisted with the call in accordance with the HIPPA ACT.

As an Applicant, Probationary member, Active member or Associate member you're expected to keep patient information confidential. No member will discuss the nature of any emergency call outside of the squad. Questions concerning a call by outside media or other persons need to be directed to the Captain of the agency, who will release such information as they feel necessary.

**This Confidentiality agreement also includes company business, miscellaneous company information, and health information of our patients or other members, names or details of situations that are private within the agency. All of which should not be shared on Social Networks, (Ex. FACEBOOK, TWITTER, etc.)**

By signing this form, I agree to all of the criteria listed above. I agree only to share such information with those persons who have a need to know. I also understand that any violation of this agreement may result in an immediate termination of my membership, or if I am an applicant immediate revocation of the application.

Printed Name : \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Captain's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Stanley Volunteer Rescue Squad  
P.O. BOX 126  
Stanley ,Virginia 22851-0126  
(540) 778-7728**

**OBSERVER FORM**

I \_\_\_\_\_, upon signing this form, do hereby release Stanley Volunteer Rescue Squad from any damages, injury or liability, Which may be incurred while riding as an observer. Furthermore, I Understand that all patient information is confidential and cannot be Discussed with anyone after a call. I also understand that as an observer, I am not to perform any activity on the call without the expressed Consent of the Senior Member or Officer on the Ambulance.

Signature: \_\_\_\_\_

Officer: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

This release form expires 30 days from the above date.

**FOR OFFICE USE ONLY**

**◆Membership Committee Action**

Application Review

Reference Check

Criminal History Check      Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant Interview      Date/Time: \_\_\_\_\_

To be send before the Board of Directors:     Yes    No - Why? \_\_\_\_\_

\_\_\_\_\_

**◆Board of Directors Action**

Observer Status Accepted:       Yes    No      Date: \_\_\_\_\_

Upgrade to Probationary:       Yes    No      Date: \_\_\_\_\_

Permanent Member Recommended:       Yes    No      Date: \_\_\_\_\_

If No to any of the above, state reason(s): \_\_\_\_\_

\_\_\_\_\_

**◆Membership Action**

Permanent Member Accepted:       Yes    No      Date: \_\_\_\_\_

Dismissal:      Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Resignation:      Date: \_\_\_\_\_

Reason: \_\_\_\_\_

**◆Other**

\_\_\_\_\_

\_\_\_\_\_