

SPOTSYLVANIA VOLUNTEER RESCUE SQUAD

Membership Letter



TO ALL MEMBERSHIP APPLICANTS:

Thank you for your interest in membership with the Spotsylvania Volunteer Rescue Squad (SVRS). SVRS is dedicated to providing the community with the highest quality of emergency medical care.

This packet contains the following:

- Application checklist
- Membership application – a copy of your Driver's License needs to be attached
- Background investigation form
- Personal reference form (3 copies)

In order to assure that your application is processed in a timely manner, please be sure that all of the following are completed.

- All sections of the application must be completed and signed.
- Attach copies of all Fire and EMS certifications (if applicable).
- Three reference forms are included and need to be returned to complete your application.
 - Family members should not be used as references. For student applicants, a teacher/professor is acceptable. These forms may be submitted with the completed application or mailed separately. References may also be submitted by email via the website.
 - A valid telephone number is required for each reference as they will be contacted.

Incomplete or erroneous information will delay the processing of your application.

- Multiple membership categories are available. They vary in the required number of shifts per month and provide different levels of benefits and privileges. Generally, full members will get a larger supply of uniforms and higher training and travel reimbursements than will associate or supplemental members. The list of membership categories is included on the next page. Spotsylvania County also provides some benefits to volunteer rescue squad members. For more information on duty requirements, benefits, and privileges, please call 540.582.TEAM.
- Completed applications should be mailed to: **Volunteer Recruiter, Spotsylvania Volunteer Rescue Squad, P.O. Box 818, Spotsylvania, VA 22553.**

540.582.TEAM

www.SpotsyRescue.org

info@SpotsyRescue.org

"We Volunteer, Because Your Life Depends on It"

The following membership categories are available:

- Full:** Current certification as an EMT-B or higher
Current certification in CPR
Current certification in EVOC (for drivers)
Be at least 18 years of age (19 for drivers)
All member benefits and privileges
*Required to fulfill eight shifts per month, half of which are weekends or nights
- Associate:** Current certification as an EMT-B or higher
Current certification in CPR
Current certification in EVOC (for drivers)
Be at least 18 years of age (19 for drivers)
Majority of benefits and privileges
*Required to fulfill five shifts per month, half of which are weekends or nights
- Supplemental:** Current certification as an EMT-B or higher
Current certification in CPR
Current certification in EVOC (for drivers)
Open to providers with previous EMS experience (must be at least an EMT-B)
Be at least 18 years of age (19 for drivers)
Partial benefits and privileges. No voting rights.
*Required to fulfill two shifts per month
- Driver:** Current certification in CPR and EVOC
Be at least 19 years of age with three years of driving experience.
- Junior:** Current certification in CPR
Current certification as an EMT, or enrolled in an EMT Basic course
Be at least 16 years of age
- Intern:** Be at least 18 years of age
**Intern members are preparing to become EMS providers. Interns are required to be enrolled in EMT-B/EVOC Class or the next upcoming EMT-B/EVOC class. Once a certification is obtained will move to one of the categories above if certification is not obtained intern is removed from membership.

All new members serve a four-month probationary period. After successful completion of the probationary period, your status will be determined by a vote of the membership. Members are also required to attend monthly business meetings, which start at 1930 hours the second Tuesday of each month and are held at the Arvel Shannon Training Center, 8711 Courthouse Road.

If you have further questions, please call 540.582.TEAM or email join@spotsyrescue.org.

Thank you for your interest!

SPOTSYLVANIA VOLUNTEER RESCUE SQUAD

Membership Checklist



Please carefully review your membership application prior to submission to SVRS. Missing and/or incomplete information, including required attachments, will delay the processing of your application. To ensure a prompt response from the membership committee, please complete this checklist and attach it to the top of your application packet.

Applicant Check	SVRS Check
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- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | All sections of the membership application have been completed. To include a copy of your driver's license |
| <input type="radio"/> | <input type="radio"/> | Background investigation form is attached. |
| <input type="radio"/> | <input type="radio"/> | All Fire and EMS certifications held by the applicant are attached. |
| <input type="radio"/> | <input type="radio"/> | Three complete reference forms are attached, have been mailed or emailed. (None are from family members. All include phone numbers.) |

I have carefully reviewed my membership application packet prior to submission to SVRS, and have confirmed that all required information has been provided.

Applicant Signature

Date

I have reviewed the attached membership application packet, and have verified that the applicant has provided all required information.

Deputy Rescue Chief Signature

Date

EMPLOYMENT

List most recent employment first.

Company		Phone
Address		
Position		Supervisor
From	To	Reason for Leaving
Company		Phone
Address		
Position		Supervisor
From	To	Reason for Leaving
Company		Phone
Address		
Position		Supervisor
From	To	Reason for Leaving

EXPERIENCE

List all prior experience with volunteer fire, EMS, and other public safety organizations.

Agency		Phone
Address		
Position		Chief
From	To	Reason for Leaving
Agency		Phone
Address		
Position		Chief
From	To	Reason for Leaving
If you have additional experience, please attach.		

REFERENCES

List three references. Do not include relatives or employers.

Full Name		Phone
Address		Relationship
Full Name		Phone
Address		Relationship
Full Name		Phone
Address		Relationship

STATEMENT

I hereby certify that every statement I have made on this application and supporting documents is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my immediate discharge if discovered at a later date. I understand that if this application is incomplete, it will not be processed.

I authorize the Spotsylvania County Department of Fire, Rescue & Emergency Management and this volunteer agency to investigate, without liability, all statements contained in this application and supporting materials. I also authorize references, employers, public safety agencies, and others, without liability, to make full response to any inquiries in connection with this application.

I understand that the use of illegal drugs is strictly prohibited and grounds for immediate termination. The use of alcohol or misuse of prescription drugs prior to or during duty is a serious violation punishable up to and including termination. I understand that I may be subject to random drug testing at any time.

My signature authorizes drug screening, investigative reports, criminal history and driving record checks, reference checks, and physical examination if required.

Signature**Date**

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION		
REQUESTER FULL NAME (last, first, mi, suffix)		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*
ORGANIZATIONAL AFFILIATION (if any)	TELEPHONE NUMBER	USE AGREEMENT NUMBER (if applicable)
STREET ADDRESS		ACCESS CODE (if applicable)
CITY	STATE	ZIP CODE
REASON FOR REQUEST (be specific)		

SUBJECT INFORMATION		
If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available), otherwise you do not need to complete this section.		
SUBJECT FULL NAME (last, first, mi, suffix)	<input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.	
STREET ADDRESS		
CITY	STATE	ZIP CODE

INFORMATION REQUESTED		
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.		
<input type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)		
SUBJECT DRIVER LICENSE NUMBER	OR	SUBJECT BIRTH DATE (mm/dd/yyyy)
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.		
SUBJECT SIGNATURE	DATE (mm/dd/yyyy)	
<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)		
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR
<input type="checkbox"/> POLICE CRASH REPORT		
Check one or more boxes to indicate your involvement in the crash:		
<input type="checkbox"/> I was a DRIVER <input type="checkbox"/> I was a PASSENGER <input type="checkbox"/> I am a VEHICLE OWNER <input type="checkbox"/> I am the OWNER of property involved in the accident <input type="checkbox"/> I legally REPRESENT an involved person <input type="checkbox"/> I was injured <input type="checkbox"/> OTHER (explain) _____ <input type="checkbox"/> I was NOT involved in the accident AND I do not legally represent an involved person _____ <input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the accident or to which the person has applied for issuance or renewal of a policy of automobile insurance		
IMPORTANT NOTE: The Department may only release a full accident report to a person involved in the accident, or their legal or personal representative, in accordance with Virginia Code § 46.2-380. All other requesters are entitled to receive only the name and addresses of the drivers, the owners of the vehicles involved, the injured persons, the witnesses, and one investigating officer, in accordance with Virginia Code § 46.2-379.		
CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)
CITY/COUNTY/TOWN WHERE CRASH OCCURRED	DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER
1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)

INFORMATION REQUESTED (continued)

DECEDENT PHOTO REQUEST (requester *may* need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)

DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER	
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Executor <input type="checkbox"/> Administrator

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law.

REQUESTER SIGNATURE

DATE (mm/dd/yyyy)

OTHER INFORMATION (Be specific)

DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requester's Identification

Valid Driver's License Number _____

Other Photo Identification _____

Proof of Requester's Organization Affiliation

Request on Organization Letterhead Stationery

Business Card from Organization

Law Enforcement Badge Number _____

Other _____

If referred to Headquarters to Fill Request, Complete:

CSR Name _____

CSC Name (not CSC number) _____

Remarks/CSR Stamp

Fee Charged

\$

DRIVING RECORD TRANSCRIPT AUTHORIZATION

I, _____, as a condition of operating a Spotsylvania County or volunteer owned motor vehicle, or vehicle rented/leased by Spotsylvania County or a volunteer County agency, or my own vehicle upon the highways of the Commonwealth while engaged in the scope of my duties on behalf of Spotsylvania County do hereby authorize the County of Spotsylvania, or its authorized agent, to obtain copies of my Motor Vehicle Record and Driving History as such is maintained by the Division of Motor Vehicles. I further understand that this release shall be in force throughout the tenure of my employment/volunteer service and my Motor Vehicle Record and Driving History may be obtained and reviewed periodically without notice to me.

I further agree to report to my supervisor within twenty-four hours of an occurrence any license suspensions, accidents, or driving offenses for which I have received a court summons, and to immediately report any other condition that may affect my ability to operate a motor vehicle on the highways of the Commonwealth.

I understand that the County will use this information for purposes of verifying my continued driving eligibility and continued employment/volunteer service with the County only and will not furnish such obtained information to a third party without my written consent.

I agree to release Spotsylvania County, its officers and employees, and those who supplied the information, from any liability and for any damage which may result from the dissemination of my Motor Vehicle Record and Driving History as provided for in this release.

_____ Print Name	_____ Date of Birth
_____ Drivers' License Number	_____ State of License
_____ Signature	_____ Date
_____ Agency Affiliation	_____ Date

All Motor Vehicle Record and Driving History reports are confidential and will be disclosed only as required by law or, as appropriate, to those with a legitimate reason to know, including, but not limited to, Department Chief, County Attorney, Department of Human Resources, and/or supervisors.

Motor Vehicle Records and Driving History reports will be kept in the Department of Human Resources employees Human Resources file.

(Revised 01/21/10)

Cc: Employee