



LaVale Volunteer Rescue Squad, Inc.

977 National Hwy, LaVale, MD 21504-3343 Phone:
301-729-4458 Fax: 301-729-8191



Application for Membership Information Sheet

READ THIS SHEET BEFORE COMPLETING APPLICATION

Applicants under 18 years of age shall review this form with their parent(s) or legal guardian.

Introduction

Thank you for your interest in becoming a member of our organization. We are a quasi-governmental Emergency Medical Services organization comprised of 100% volunteer members. What does this mean? We perform our duties with no expectation of personal pay or compensation. We understand everyone's time is valuable, and appreciate anyone who has time to serve with us and has a commitment for what we do. We provide Emergency Medical Ambulance Service to the citizens of LaVale, Maryland on a twenty-four (24) hour basis every day of the year and assist surrounding agencies as needed. We work with other Ambulance Services, Fire Departments, and Law Enforcement to further the goal of Public Safety. We are certified and guided in our operations by the State of Maryland, Allegany County Government, and our own By-Laws and Standard Operating Procedures and Guidelines. We have two (2) divisions of membership. Administrative division members assist with duties at the station, including answering telephones, handling company radio traffic, and greeting the public. Medical division members perform all of the same duties the administrative division, and also respond on emergency calls for assistance, providing care to the public. Medical division members are certified by the Maryland Institute of Emergency Medical Services Systems to provide field based emergency medical care to the public and transport them to the hospital. Applicants to the medical division who do not currently possess a certification are required to attend a certification class at the Maryland Fire & Rescue Institute (MFRI) in Cresaptown, Maryland within twelve (12) months of joining. Tuition and textbook expenses are covered by the department upon successful completion of the course. To maintain membership in the medical division, members shall maintain current certification. Continuing education classes are held during the company drills.

Requirements for Membership

1. Attend a minimum of twelve (12) hours of scheduled duty per month. Duty shifts are typically scheduled as one (1) - four (4) hour shift per week on the same day and time.
 2. Attend a minimum of six (6) out of twenty-four (24) scheduled meetings per year. Company meetings are held on the last Wednesday of the month and the Sunday before it at 19:00 hours (7:00 P.M.) prevailing Eastern Time. In November and December, the meetings are held the third Wednesday and the Sunday before.
 3. Attend a minimum of four (4) out of twelve (12) scheduled company drills per year. The drills are held after one meeting each month, and announced in advance. Typically there are six (6) scheduled on Sundays and six (6) scheduled on Wednesdays.
- ** The above requirements (items 1-3) are counted for your first twelve (12) months of membership, then annually thereafter running from December to November. This will include any part of the probationary period which falls within the current year.
4. Participation in all squad sponsored fundraising efforts.
 5. Members shall be of clean and sound mind and body.
 6. Members shall be dressed properly during duty shifts (including long pants and closed toe shoes).
 7. Members shall be at least 16 years of age.

Application Procedure

1. Steps to be completed by the Applicant:
 - a. Overview of the application with a member of the company.
 - b. The application must be completed in its entirety.
 - c. Notify your references of the importance to respond to our request for information.
 - d. Return application with a non-refundable \$10.00 application fee.
2. Steps to be completed by the Company:
 - a. Reference will be contacted via phone or written letters (with addressed and stamped returned envelopes). If less than three (3) references are returned, the application is dismissed.
 - b. Upon contact/receipt of three (3) valid personal references, the Background Investigation will be submitted.
 - c. The membership chairperson will review all references and background investigation results and decide if an interview is warranted. If it is not warranted, the application is dismissed.
 - d. An interview with the Membership Committee will occur.
 - e. The Membership Committee will determine if a recommendation for membership shall be made. If there is no recommendation for membership, the application is dismissed.
 - f. At the monthly General Membership meeting, the application is discussed and voted on by the membership present. If accepted, the applicant must be sworn in within three (3) months.
 - g. Accepted members serve a probationary period of twelve (12) months or until the monthly general membership meeting following their eighteenth (18th) birthday, whichever is greater. During this period they are assigned a field training officer.
3. If you are curious about the status of your application, first contact your references to verify if they have replied.
4. If you have any questions, including the status of your application, you may call the Membership Committee Chairperson.
5. Failure to fill out the application properly or any misrepresentation is grounds for dismissal.
6. If your application is dismissed or denied, you may reapply for membership one (1) year from the date of action.
7. You may withdraw your application at any point. A withdrawn application is not subject to the one (1) year moratorium for reapplication.



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Application for Membership

Applicant Information	Last Name	First Name	Middle Name	
	Street Address (include mailing address if different)			
	City	State	Zip Code	
	Primary Phone Number	Secondary Phone Number		
	Driver's License Number	State	Class	Expiration
	Date of Birth	Social Security Number	E-Mail Address	

Certification History	Certification Type	Certification Number	Initial Certification Date	Certification Expiration	State of Certification
	First Aid				
	CPR				
	First Responder				
	EMT-B				
	NREMT-B				
	CRT				
	CRT-I				
	EMT-I				
	NREMT-I				
	EMT-P				
	NREMT-P				
	EVOC				
	HAZMAT Level: _____				
	LPN / RN / NP / MD (Circle if applicable)				
	Other (please list):				

Education	High School Attended: _____
	City: _____ State: _____ Graduation Date: _____ GPA: _____ NOTE: Students still in high school should submit a copy of their most recent report card (if available).
	Technical School: _____ Skill / Trade: _____
	City: _____ State: _____ Graduation Date: _____ GPA: _____
	College / University: _____
	City: _____ State: _____ Graduation Date: _____ GPA: _____
	Major: _____ Minor: _____
	College / University: _____
	City: _____ State: _____ Graduation Date: _____ GPA: _____
	Major: _____ Minor: _____
College / University: _____	
City: _____ State: _____ Graduation Date: _____ GPA: _____	
Major: _____ Minor: _____	
Are you currently enrolled, or intend to enroll, in a college program? YES NO (circle one)	
If yes:	
College / University: _____	
City: _____ State: _____ Expected Graduation Date: _____	
Major: _____ Minor: _____	
If you do not attend a school in the local area, are you able to return to the area while in school to complete your monthly requirements? YES NO (circle one)	
NOTE: We understand the importance of higher education and we encourage and support anyone who wishes to further their education. As such, we are willing to make some adjustments to your normal scheduled duty to allow you to further your education. However, we cannot excuse you from your minimum twelve (12) hours of duty per month, nor from your minimum required meetings and drills. If you have any questions, contact the Membership Committee Chairperson before you submit your application, or the Squad Captain after you are accepted to membership. A copy of your class schedule should be submitted with your request.	

Other / Previous Fire / EMS Affiliations	Are you currently or have you previously been affiliated with another fire or ambulance service or company? If yes, list them below. YES NO (circle one)
	Company Name: _____ Phone Number: _____
	Address: _____ Dates Affiliated: _____
	Reason for leaving: _____
	Company Name: _____ Phone Number: _____
	Address: _____ Dates Affiliated: _____
	Reason for leaving: _____
	Company Name: _____ Phone Number: _____
	Address: _____ Dates Affiliated: _____
	Reason for leaving: _____
Company Name: _____ Phone Number: _____	
Address: _____ Dates Affiliated: _____	
Reason for leaving: _____	

Employment History	List employers for the last five (5) years starting with the most recent. If more space is needed, attach an additional sheet or resume. NOTE: Attachment of a resume does not substitute completing spaces available on this form.	
	Company Name: _____	Phone Number: _____
	Address: _____	
	Supervisor: _____	Dates Employed: _____
	Reason for leaving: _____	
	Company Name: _____	Phone Number: _____
	Address: _____	
	Supervisor: _____	Dates Employed: _____
	Reason for leaving: _____	

Criminal History	Have you ever been convicted of any crime (other than minor traffic violations)?	YES	NO	(circle one)
	Have you ever served time in jail or prison?	YES	NO	(circle one)
	Have you ever been convicted of a felony?	YES	NO	(circle one)
	Do you currently have any criminal charges pending against you?	YES	NO	(circle one)
	Are you currently on probation, parole, or probation before judgment (PBJ)?	YES	NO	(circle one)
	If you answered yes to any of the questions above, attach as many additional sheets as needed to explain in detail the circumstances involved. We are prohibited by law from accepting members with certain criminal offenses.			

Personal References	List six (6) references who have known you for at least three (3) years. References must be at least 18 years old and cannot be relatives. All references will be contacted. At least three (3) must respond to process your application.	
	Name: _____	Years Known: _____
	Address: _____	
	E-Mail Address: _____	Phone Number: _____
	Name: _____	Years Known: _____
	Address: _____	
	E-Mail Address: _____	Phone Number: _____
	Name: _____	Years Known: _____
	Address: _____	
	E-Mail Address: _____	Phone Number: _____
	Name: _____	Years Known: _____
	Address: _____	
	E-Mail Address: _____	Phone Number: _____
	Name: _____	Years Known: _____
	Address: _____	
	E-Mail Address: _____	Phone Number: _____

Rescue Squad Information	Which division are you applying for membership in? _____	Operations	Administrative	(circle one)
	Have you ever submitted an application with us before? _____	YES	NO	(circle one)
	If yes, what was the date of your previous application? _____			
Please list your desired days and hours of duty. Duty is scheduled in four (4) hour shifts each week, typically on the same day each week. Availability of duty shifts are dependent upon the availability of training officers, and other members training at the same time. Every effort is made to accommodate scheduling with training personnel. Our normal business hours are from 8:00 a.m. (0800 hours) to 11:00 p.m. (2300 hours), every day. Example: Saturdays 6-10 p.m.		List preferred duty shifts below. _____		
Authorization to Request Information and Statement of Truth				
I, _____, do hereby authorize the LaVale Volunteer Rescue Squad, Inc. to obtain any information they deem relevant to arrive at a decision regarding this application for membership. They have my permission to contact all references, previous employers, organizations, and other persons named on this application for membership, my resume, my reference sheet, or any others discovered through the course of this application and investigation. I further state that all information presented on this application for membership and any accompanying documents is true and complete to the best of my knowledge. I acknowledge that any false statements, relevant omissions, or willful concealment of information will be sufficient grounds for denial of membership, or if granted membership, dismissal from the organization. I agree and pledge that if I am granted membership with the LaVale Volunteer Rescue Squad, that I will abide by all the rules, regulations, Constitution, and By-Laws of the organization, and that failure to do so may result in my dismissal from the organization.				
_____ Signature of Applicant		_____ Date		
If applicant is under 18 years of age and not emancipated as of the time of this application, a parent / guardian signature is required. Your signature below indicates that you have discussed this application with your child and that you give your permission for your child to apply for membership in our organization. You further understand that the above statement is applicable to your child, regardless of legal age.				
_____ Signature of Parent / Guardian		_____ Date	_____ Relationship	

Application Checklist	<ul style="list-style-type: none"> <input type="checkbox"/> Complete application completely. <input type="checkbox"/> Contacted references, verified addresses, and explained the importance of them responding to our request. <input type="checkbox"/> Signed and dated the Authorization to Request Information and Statement of Truth. <input type="checkbox"/> Completed the Employment Screening form following this page titled Authorization to Release Information. <input type="checkbox"/> Attached a resume (if available), a report card (high school students), and class schedule (college students). <input type="checkbox"/> Attached any additional sheets needed for additional information requested elsewhere in this application. <input type="checkbox"/> Attached copies of any certifications listed in the Certification History. <input type="checkbox"/> Attached any other materials you would like the Membership Committee to consider (cover letter, etc.). <input type="checkbox"/> Retain the Application for Membership Information Sheet for your records. Do not return the Information Sheet. <input type="checkbox"/> Return completed application with the application fee (\$10.00) to the company. Please do not submit cash by mail.
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LVRs USE ONLY	!! APPLICANT STOP !! DO NOT WRITE IN THIS SECTION !! APPLICANT STOP !!			
	Application Explained By: _____	ID: _____	Date: _____	
	Recommending Member: _____	ID: _____	Date: _____	
	Application Received By: _____	ID: _____	Date: _____	
	Fee Received By: _____	ID: _____	Date: _____	

