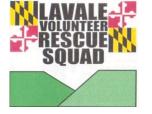
LaVale Volunteer Rescue Squad, Inc.



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, 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.
- 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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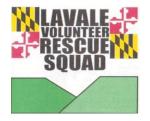


Applicant Information	Last Name		First Name		Middle Name		
	Street Address (include mailing address if different)						
	City Primary Phone Number		State		Zip Code		
				Secondary	Phone Number		
	Driver's License Number		State	Class	Expiration		
	Date of Birth Social		I Security Number	E-Ma	E-Mail Address		
	Certification Type	Certification Number	Initial Certification Date	Certification Expiration	State of Certification		
	First Aid						
	CPR						
	- First Responder						
	EMT-B						
	- NREMT-B						
	CRT						
	- CRT-I						
ν	EMT-I						
tion History	NREMT-I						
ion	EMT-P						
	NREMT-P						
Certifica	EVOC						
U	HAZMAT Level:		·				
	LPN / RN / NP / MD (Circle if applicable)						
	Other (please list):						

	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).					
				' Trade:		
	City:	State:	Graduation Date:	: GPA:		
	College / University:					
				: GPA:		
	Major:		Minor:			
Б	College / University:					
	City:	State:	Graduation Date:	GPA:		
	Major:		Minor:			
Education	College / University:					
Edu	City:	State:	Graduation Date:	: GPA:		
	Major:		Minor:			
	Are you currently enrolled, or intend	to enroll, in a colleg	je program?	YES NO (circle one)		
	If yes:					
	College / University:					
	City:	State:	Expected Gradua	tion Date:		
	Major:		Minor:			
	If you do not attend a school in the l while in school to complete your mor	ocal area, are you a hthly requirements?	ble to return to the a	area 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.					
	Are you currently or have you previo ambulance service or company? If ye		with another fire or	YES NO (circle one)		
su	Company Name:			Phone Number:		
atio	Address:			Dates Affiliated:		
Affiliations	Reason for leaving:					
EMS /				Phone Number:		
>	Address:			Dates Affiliated:		
Fire	Reason for leaving:					
Previous F				Phone Number:		
Prev	Address:			Dates Affiliated:		
ır / I	Reason for leaving:					
Other /	Company Name:			Phone Number:		
0	Address:			Dates Affiliated:		
	Reason for leaving:					

	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:			
ton	Reason for leaving:				
His	Company Name:				
lent	Address:				
Employment History	Supervisor:				
ш	Reason for leaving:				
	Company Name:				
	Address:				
	Supervisor:	Dates Employed:			
	Reason for leaving:				
	Have you ever been convicted of any crime (other than minor traffic violation	ns)? YES NO (circle one)			
History	Have you ever served time in jail or prison?	YES NO (circle one)			
Hist	Have you ever been convicted of a felony?	YES NO (circle one)			
lal	Do you currently have any criminal charges pending against you?	YES NO (circle one)			
nin	Are you currently on probation, parole, or probation before judgment (PBJ)?	YES NO (circle one)			
Criminal	If you answered yes to any of the questions above, attach as many additiona				
Crin					
Crin	If you answered yes to any of the questions above, attach as many additiona	with certain criminal offenses. Prences must be at least 18 years old and			
Crin	If you answered yes to any of the questions above, attach as many additional circumstances involved. We are prohibited by law from accepting members we List six (6) references who have known you for at least three (3) years. Refe	with certain criminal offenses. erences must be at least 18 years old and respond to process your application.			
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	Which division are you applying for membership in?	Opera	tions	Administrativ	e (circle one)
Rescue Squad Information	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) hours shifts each week, typically on the same day each week. Availability of duty shifts ar dependent upon the availability of training officers, and other members training at the same time. Every effort is made to accommodate scheduling with trainin 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.	re nt g 	st pref	erred duty shif	s 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	
n Checklist	 Complete application completely. Contacted references, verified addresses, and explained the importance of Signed and dated the Authorization to Request Information and Statement Completed the Employment Screening form following this page titled Author Attached a resume (if available), a report card (high school students), and 	of Trut	th. n to Re	elease Informat	
Application Ch	 Attached any additional sheets needed for additional information requested Attached copies of any certifications listed in the Certification History. Attached any other materials you would like the Membership Committee to Retain the Application for Membership Information Sheet for your records. Return completed application with the application fee (\$10.00) to the completed 	d elsewi o consid Do not	ler (co returr	this applicatio ver letter, etc.) the Informatio	n. on Sheet.
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LaVale Volunteer Rescue Squad, Inc.

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Application for Membership

AUTHORIZATION TO RELEASE INFORMATION

Last Name	First Name	Middle Name	
Current Address (Street Address, City, State, Zip)		Dates Lived Here	
Addresses for the past five ye	ears:	Dates Lived Here:	
Date of Birth	Other Names Used	Years Used	
	Other Mariles Used	i cais Useu	
Social Security #	Driver's License #	State	

I authorize my current and/or former employer(s) and its employees and representatives and any and all references listed on my employment application and/or resume to provide any pertinent information they think appropriate, including any information about my employment, job performance, and related matters to any division or department head or designee of LaVale Volunteer Rescue Squad, Inc., herein after referred to as LVRS. This information may be provided either verbally or in writing. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization to be part of the written employment application. I release LVRS and its agents, employees, and representatives from any and all liability, claims, and damages that may directly or indirectly result from the use, disclosure, or release of any information received by LVRS from any third party pursuant to this authorization, whether such information is favorable or unfavorable to me.

Should I be extended an offer of employment, I authorize LVRS to order a Consumer Report from a consumer reporting agency as part of LVRS's investigation into my application for employment. I understand that this report may contain criminal or other information about me. I understand that, if hired, this authorization shall remain on file and shall serve as an ongoing authorization for LVRS to procure consumer reports at any time during my employment period for verifiable business reasons and to the extent permitted by law. I release LVRS and its agents, employees, and representatives from liability on account of such disclosures.

Information appearing on this Authorization will be used for identification purposes only. The intention of this Authorization is to provide information that will be considered in determining my suitability for employment. LVRS complies with the Fair Credit Reporting Act (available from the FTC website at www.ftc.gov), which provides consumers with rights regarding consumer reports and which places specific obligations on employers using credit reports.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Applicant's Signature

Date