



**RESPONDER CARE**<sup>TM</sup>  
**EMS**  
B.R.H.  
1971-2023

**CARE**  
EMERGILITY Special Programs

In honor & loving memory of  
Brian R. Hricik, 1971-2023

**“Bringing Responders Help”  
Get Help. Volunteer. Donate.**

**Volunteer Packet**



**Responder Care™** | an EMERGILITY™ Special Program  
*Fiscal Sponsorship provided by Global Impact, a 501(c)(3)*  
<https://emergility.com/responder-care> | <https://responder.care> | [support@responder.care](mailto:support@responder.care)  
EMERGILITY™ EM/EMS NPI: 1932874096 | VA OEMS: 50537 | DEA: FE1251468



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## Responder Care™ Emergency Medical Services (EMS) Prospective Volunteer Welcome Letter

Dear Prospective Volunteer,

On behalf of Responder Care™, thank you for your interest in volunteering with the first private and charitable Emergency Medical Services (EMS) special program offering protection and care exclusively for Responders and their Families.

Created in March of 2023, in honor and memory of Deputy Chief **Brian R. Hricik (B.R.H.)** of the Alexandria Fire Department, Responder Care™ provides an EMS Agency infrastructure for off-duty Responders and EMS providers to deliver private EMS & Mobile Integrated Healthcare - Community Paramedicine (MIH-CP) to Responders and their families in need at no cost.

Responders are our country's most vulnerable heroes, and we are honored to be able to give back to those who, day in and day out, provide unwavering support and sacrifice to our communities. It is the direct support of volunteers and donors that enables Responder Care™ to provide protective EMS & MIH-CP to Responders and their families, a small token of appreciation for those who serve.

To continue our success, we need all-hands on-deck in spreading the word about Responder Care™, as this special program could not exist without the knowledge and generous support of individuals like you who are willing and able to volunteer and donate!

So, we invite you to volunteer, share our story with others, and to periodically visit our website to keep informed on local activities and events that publicly display how your volunteerism and support can positively shape the health and wellbeing of our Responders.

Thank you once again for your interest in volunteering with Responder Care™, as volunteerism and support are key to making a valuable difference in the Responder community!

Sincerely,

The Responder Care™ Team

### Volunteer Documents Attached:

1. Administrative & Operational Volunteer Requirements
2. EMS Agency Affiliation Process
3. Volunteer Application



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## Responder Care™ Emergency Medical Services (EMS) Volunteer (Administrative & Operational) Minimum Requirements

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### Administrative Volunteer

- Completed Volunteer Application
  - Virginia Office of Emergency Medical Services (OEMS) Background Suitability
  - Program Staff Interview
  - Volunteer Committee Recommendation
  - Program Staff and/or Board of Advisors Approval
- 

### Operational Volunteer

- Completed Volunteer Application
  - Virginia Office of Emergency Medical Services (OEMS) Background Suitability
  - Active Virginia Certified/Licensed Provider
    - Basic Life Support (BLS) provider (*Emergency Medical Technician*)
    - Advanced Life Support (ALS) provider (*Paramedic*)
    - Registered Nurse (*ALS preferred*)
    - Advanced Practitioner (*Physician Assistant, Nurse Practitioner*)
    - Licensed Physician (*M.D., D.O.*)
  - Active EMS Agency Affiliation (*preferred for EMS personnel*)
  - AHA BLS Provider or equivalent
  - AHA ACLS Provider or equivalent (*ALS providers*)
  - AHA PALS Provider or equivalent, PHTLS/ITLS, TECC (*ALS providers*)
  - Program Staff Interview
  - Volunteer Committee Recommendation
  - Program Staff and/or Board of Advisors Approval
- 

We look forward to you joining our cadre of **Responder Care™** volunteers!

E-mail us at [volunteer@responder.care](mailto:volunteer@responder.care)



## Responder Care™ Emergency Medical Services (EMS) Agency Affiliation Process

**Responder Care™** is an **EMERGILITY™ Special Program** with Fiscal Sponsorship provided by **Global Impact, a 501(c)(3)**. Responder Care™ program staff and volunteers (administrative and operational) must affiliate with **EMERGILITY EMS (VA50537)**.

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### All Personnel – Agency Affiliation Process

1. **Background Check** [Virginia Department of Health > Emergency Medical Services > Regulation & Compliance Enforcement > Fingerprinting > Career – Virginia Certified EMS Provider<sup>1</sup> > Fieldprint<sup>2</sup>](#)

Fieldprint Code: **FPC1041C**  
EMERGILITY Agency Code: **50537**

2. **Affiliation Request** [Virginia Department of Health > Emergency Medical Services > Accreditation, Certification & Education > Virginia EMS Portal > Login<sup>3</sup>](#)

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### EMS Personnel Only

1. **National Registry of Emergency Medical Technicians (NREMT) (if applicable)**  
[Login<sup>4</sup> > My Certification > Dashboard > Manage Affiliations > Affiliate With Another Agency](#)

2. **EMS Personnel Required Records**

- Recent Driver Record, [here<sup>5</sup>](#)
- Virginia EMS Provider Certification
- National Registry of Emergency Medical Technicians (NREMT) Certification
- Emergency Vehicle Operations Course (EVOC) Certificate
- BLS providers: AHA BLS Provider or equivalent & TECC
- ALS providers: AHA BLS Provider, *ACLS*, and *PALS* or equivalent; and *PHTLS/ITLS*

Send documents to [volunteer@responder.care](mailto:volunteer@responder.care)

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<sup>1</sup> <https://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/fingerprinting/career-virginia-certified-ems-provider/>

<sup>2</sup> <http://fieldprintvirginia.com>

<sup>3</sup> [https://vdhems.vdh.virginia.gov/emsapps/f?p=400:LOGIN\\_DESKTOP:::~:](https://vdhems.vdh.virginia.gov/emsapps/f?p=400:LOGIN_DESKTOP:::)

<sup>4</sup> <https://nremt.org/login>

<sup>5</sup> <https://www.dmv.virginia.gov/onlineServices/>





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**Volunteer Application**



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## Responder Care™ Emergency Medical Services (EMS) Volunteer (Administrative & Operational) Application

I wish to apply as a **Volunteer** with **Responder Care™**

Administrative	Operational
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### Application Information

<b>Legal Name</b> (first, middle, last)		
alias (a.k.a.)		preference
<b>Age</b>	<b>Date of Birth</b> (mm/dd/yyyy)	<b>SSN</b>
<b>Place of Birth</b> (city, county, state, country)		
<b>Citizenship</b> (list all):		
<b>Home Address:</b> (street)		
(city county, state, zip code)		
<b>Work Address:</b> (street)		
(city county, state, zip code)		
<b>Phone</b> (primary)	<b>E-mail</b> (primary)	

### Emergency Contact

<b>Primary Contact</b> (first, middle, last)	
<b>Relationship</b>	
<b>Address:</b> (street)	
(city county, state, zip code)	
<b>Phone</b> (primary)	<b>E-mail</b> (primary)

I hereby acknowledge and accept that this application is completely voluntary and that this application, and volunteer screening process, does not suggest, express, or imply an employee-employer relationship, employment opportunity, or employment agreement with or between the applicant and Emergility, LLC, and/or Responder Care™, an EMERGILITY™ Special Program.

I hereby voluntarily provide confidential and personal identifying information (PII) for use by Responder Care™, an EMERGILITY™ Special Program, as permitted and/or required by law. I consent to the use of all information included herein for human resource purposes, to include but not limited to, background suitability, employment and certification verification, professional standards inquiries and/or special investigations, with the understanding that all information will be protected against untoward distribution.

<b>Name</b> (print)	<b>Signature</b>
Date	



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### Education

Institution/University Name		
School/College Name		
Program Name		
Name of Degree		
Type (AA/AS; BA/BS; MA/MS/MPH/MHA/MHS; PhD; DNP; MD/DO; other)		
Started (mm/dd/yyyy)	Completed (mm/dd/yyyy)	Anticipated (mm/dd/yyyy)

Institution/University Name		
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Program Name		
Name of Degree		
Type (AA/AS; BA/BS; MA/MS/MPH/MHA/MHS; PhD; DNP; MD/DO; other)		
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## Certifications, Registrations & Licenses

Name	Identifier/No.	Type	Issued by	Issued on (mm/dd/yyyy)	Expires (mm/dd/yyyy)
[EXAMPLE] General Class	KB8YER	Amateur Radio License	Federal Communications Commission (FCC)	07/01/1995	07/01/2025
[EXAMPLE] BLS CPR HeartSaver	H293fywenfc39fhh	Certification	American Heart Association (AHA)	07/01/1995	07/01/2025



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### Certifications, Registrations & Licenses (cont.)

Name	Identifier/No.	Type	Issued by	Issued on (mm/dd/yyyy)	Expires (mm/dd/yyyy)



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**Work**

<b>Company/Organization Name</b>		
Agency/Department Name		
Division/Program Name		
<b>Address:</b> (street)		
(city county, state, zip code)		
<b>Position Title</b>		
<b>Roles</b> (Leadership, Administrative, Operational, etc.)		
<b>Responsibilities</b> (Leadership, Administrative, Operational, etc.)		
<b>Reason for leaving</b>		
<b>Start Date</b> (mm/dd/yyyy)	<b>Current</b> (yes/no)	<b>End Date</b> (mm/dd/yyyy)
<b>Starting Salary</b> (USD \$ ___ / hr. or yr.)	<b>Current/End Salary</b> (USD \$ ___ / hr. or yr.)	
<b>Supervisor</b> (first, last)	<b>Phone</b> (primary)	<b>Phone</b> (secondary)
<b>Title</b>	<b>E-mail</b> (primary)	<b>E-mail</b> (secondary)

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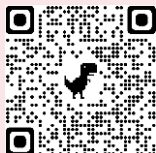
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Agency/Department Name		
Division/Program Name		
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(city county, state, zip code)		
<b>Position Title</b>		
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**Character References**

<b>Name</b> (first, middle initial, last)		
<b>Relationship</b> (family, personal, professional, supervisor, client, etc.)		<b>Years known</b>
<b>Address:</b> (street) (city county, state, zip code)		
<b>Phone</b>	<b>E-mail</b>	

<b>Name</b> (first, middle initial, last)		
<b>Relationship</b> (family, personal, professional, supervisor, client, etc.)		<b>Years known</b>
<b>Address:</b> (street) (city county, state, zip code)		
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<b>Name</b> (first, middle initial, last)		
<b>Relationship</b> (family, personal, professional, supervisor, client, etc.)		<b>Years known</b>
<b>Address:</b> (street) (city county, state, zip code)		
<b>Phone</b>	<b>E-mail</b>	

<b>Name</b> (first, middle initial, last)		
<b>Relationship</b> (family, personal, professional, supervisor, client, etc.)		<b>Years known</b>
<b>Address:</b> (street) (city county, state, zip code)		
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**Other Notable Information**



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