



Membership Application Package

Charles County Volunteer Rescue Squad

This document has been created to familiarize prospective members with the opportunities and benefits offered by joining the membership of the Charles County Volunteer Rescue Squad. This guide will briefly explain the minimum qualifications needed to become a member and serves to explain the interview and admission process. We welcome your feedback.

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application
committee

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JANUARY 2016

Charles County Volunteer Rescue Squad

Emergency Medical Services

PO BOX 40 – 2 CALVERT STREET – LA PLATA, MD 20646
www.ccvrs.org – 301.934.4434 – join@ccvrs.org

Dear Applicant,

Thank you for your interest in joining the Charles County Volunteer Rescue Squad.. We welcome you to the membership application process.

We will be available if you have any questions throughout the process – and also when you become a member of our organization. Once you have completed the application, you will be contacted to arrange a brief appointment where we will check the application for completeness and answer any questions you may have, as well as schedule an interview with you.

We look forward to meeting you and hope to make you feel at home at the Charles County Volunteer Rescue Squad.

Thank you in advance for your consideration. Please do not hesitate to contact us should you require further information.

Sincerely,

CHARLES COUNTY VOLUNTEER RESCUE SQUAD
Recruitment & Retention Committee
join@ccvrs.org

Charles County Volunteer Rescue Squad

Emergency Medical Services

PO BOX 40 – 2 CALVERT STREET – LA PLATA, MD 20646
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Application for Membership

Basic Information

Name		Date	
Address			
City		State	Zip
Phone (Mobile)		Email	
Date of Birth	Age	Weight	Height
Employer	Occupation		
SSN	Type of Membership (check one) <input type="checkbox"/> Active <input type="checkbox"/> Driver <input type="checkbox"/> Administrative		

Physical Demands

The physical demands described here are representative of those that must be met by a volunteer to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job the volunteer will frequently be required to stand, walk, use hands and fingers, handle or operate objects, tools, controls and equipment as well as reach with arms and hands. Additionally, the volunteer is frequently required to sit, climb or balance, stoop, kneel, crouch or crawl, talk, read, hear and smell and/or taste.

The volunteer must frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 100 pounds and may, from time to time, have to lift and/or move over 200 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth vision and the ability to adjust focus.

Are you now, or have you ever been, a member of any paid or volunteer Fire Department or Rescue Squad? <i>If yes, please list department(s), location(s) and dates of membership or employment below.</i>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes

Are you now, or have you ever been, suspended, terminated or refused membership and or employment from a Fire Department or Rescue Squad? <i>If yes, please give reason below.</i>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes

Have you ever had any Fire Department, First Aid, or EMT training? If yes, list the training you've passed and the location(s) where instructed.	<input type="checkbox"/> No
	<input type="checkbox"/> Yes

Do you currently have a valid Driver's Licenses? If yes, please provide the number, State, and expiration date.	Number	
	State	Exp Date
How long have you held this license?		
Have you ever been convicted of a Motor Vehicle Violation? If yes, list violation(s) below.		

Have you ever been convicted of a crime, major (must appear) traffic violations, or any PENDING criminal charges? If yes, please explain. You may include location, dates and disposition of the crime. All potential members are required to submit to a background investigation.	<input type="checkbox"/> No
	<input type="checkbox"/> Yes

Do you have any physical handicaps, chronic diseases, and or illnesses that would impair your ability to perform as an Emergency Care Provider? If yes, please explain.	<input type="checkbox"/> No
	<input type="checkbox"/> Yes

Emergency Contact Information

Emergency Contact Name			Relationship
Address			Phone
City	ST	Zip	Phone

Membership Agreement

I certify that I have read and understand the Physical Demands of this membership and also certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. If accepted, I will abide by the By-Laws and all rules and regulations set forth by this organization

Signature of Applicant

Date

This section to be completed only if the Applicant is less than 18 years of age.

I _____ do hereby give _____ ,
(Printed name of parent or guardian) (Printed name of applicant)

for which I am the legal guardian or parent, permission to join the Charles County Volunteer Rescue Squad and to perform any and all duties that may be required of them as a member of this organization. I also understand that they are to enroll in the next available Emergency Medical Technician class.

Signature of parent or guardian

Date

You must be recommended by the Application Committee before having your application presented to, and then voted upon, by the general membership. This recommendation is based upon conclusions derived by this committee during an interview which must be conducted prior to the application being presented to the general membership at a regular monthly business meeting.

This application must be submitted to the Secretary of the Squad at a regular business meeting, but will not be voted on until the following business meeting. The applicant must be present at the business meeting in which the membership is to vote on the application. If the applicant fails to show for two consecutive business meetings after initially submitting their application, then the application will be dropped due to lack of interest.

After the application is presented to the membership at a regular monthly business meeting, the applicant is encouraged to come to the squad and become familiar with the members and the apparatus. New applicants or members may not run calls until they have successfully completed a CPR/AED course, if not already certified, and completed the ambulance orientation and received approval from an Operational Officer.

Application Committee and/or interviewing members sign and date below indicating that you interviewed this applicant.

Member 1	Date
Member 2	Date
Member 3	Date
Investigated by	Date

Recommendation to Membership: ☐ Favorable ☐ Unfavorable

Application received by Secretary:

_____	_____
<i>Signature of Secretary</i>	<i>Date</i>

Application:

☐ Accepted

☐ Rejected

_____	_____
<i>Signature of President</i>	<i>Date</i>

REQUEST FOR CRIMINAL RECORDS CHECK

The officers and members of the Charles County Volunteer Rescue Squad request a criminal record check on the member applicant whose name appears below.

Applicant's Full Name		Date	
Full Address			
City		State	Zip
Date of Birth	Age	Weight	Height
Employer	Occupation		
SSN	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

Do you have any PENDING criminal or MUST APPEAR traffic violations?

☐ Yes ☐ No

Have you ever been convicted of any crime?

☐ Yes ☐ No

Have you ever been convicted of any major traffic violations that required an appearance in court? (DUI/DWI, Driving while suspended, Failure to stop, etc.)

☐ Yes ☐ No

If yes, explain:

I, _____ authorize the Charles County Volunteer Rescue Squad to conduct a criminal record search on me. I agree that all statements are truthful and complete.

Signature of Applicant: _____

Signature of Investigator: _____ Date: _____