



DUMFRIES-TRIANGLE RESCUE SQUAD, INC.

3800 Graham Park Road • PO BOX 460 • Dumfries, Virginia 22026
 (703) 221-3838 • (703) 221-1611 FAX



APPLICATION FOR MEMBERSHIP

We are an equal opportunity organization and do not unlawfully discriminate in membership. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for membership on a basis prohibited by local state or federal law. Equal access to membership, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Name:		Date:
Address:		Apt. #:
City:	State:	Zip:
Date of Birth:		Sex / Race:
Phone (H):		SSN:
Phone (W):	(Cell):	Driver's License No.
Email Address:		
Type of Membership Requested (Please Check One)		
Operational	<input type="checkbox"/>	Individuals 18 years or older who want to practice hands on care.
Associate	<input type="checkbox"/>	Individuals who wish to help within the department without practicing hands on care.
Junior (Operational / Associate)	<input type="checkbox"/>	Individuals between 16 and 18 years of age, and in high school.

How were you referred to us?



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APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the foregoing application are true and complete to the best of my knowledge.

I authorize the Dumfries-Triangle Rescue Squad, Inc. (D-TRS), its Officers and its Board of Directors: to verify the accuracy of the facts set forth in the foregoing application, and to obtain reference information by contacting educational institutions, state agencies, references, employers and past employers, and current or former fire and rescue agencies, and to rely on and use such information as they see fit. I hereby release D-TRS, its Officers, and Board of Directors, from any and all liability, of whatever kind and nature which, at any time, could result from obtaining and having such information or from making a membership decision based on such information. Upon D-TRS's receipt of this application, the application and the information set forth within it shall be and remain the property of D-TRS.

I agree that, should an offer of membership be extended to me and accepted, I will fully adhere to the policies, rules, and regulations of D-TRS. However, I understand and acknowledge that neither the policies, rules, and regulations of D-TRS, nor anything said to me during the application process, shall be deemed to constitute the terms of any express or implied contract for continued membership. I understand and acknowledge that any membership in D-TRS is for an indefinite duration and is at-will, and that either I or D-TRS may terminate my membership at any time, with or without notice or cause.

I understand that, if I am offered membership, such membership is conditioned upon my providing such other and further information as may be required from time to time by the D-TRS, its Officers or Board of Directors. I also understand that, if I am granted membership, false statements of any kind, and omissions of facts called for on this application, regardless of time of discovery, shall be considered sufficient basis for termination of my membership.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

*****If applicant is between 16 and 18 years of age.*****

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship: _____ Phone Number: _____



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AUTHORIZATION FOR INVESTIGATION OF CRIMINAL HISTORY AND DMV RECORDS

I, the undersigned, do hereby give the Dumfries-Triangle Rescue Squad, Inc., its Officers, and Board of Directors ("D-TRS"), authorization and permission to conduct a background investigation of the criminal history records available from the Central Criminal Records Exchange (CCRE) and of the records available from the Virginia Department of Motor Vehicles (DMV), and to obtain record reports from those sources in relation to me, for the purposes of determining whether I have in the past been convicted of any criminal or other violation(s) of law.

I understand that this information will be used in evaluating and verifying the information set forth within my application seeking to become a member of D-TRS.

I fully and completely release, agree to hold harmless, and shall indemnify D-TRS in relation to any claim, action, damage, costs, or fee resulting from or in connection with D-TRS obtaining this information and using it as specified above.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date of Signature: _____

Date of Birth: _____ Social Security Number: _____

Driver's License No.: _____

*****If applicant is between 16 and 18 years of age.*****

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship: _____ Phone Number: _____



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	Yes	Initial	No
Are you a minimum of 16 years of age? (12 VAC 5-31-900. General requirements.)			
Are you willing and able to maintain a clean and neat appearance in accordance with Virginia rules/regulations, etc.? (12 VAC 5-31-900. General requirements.) And DTRS guidelines/regulations, etc.?			
Are you proficient in reading, writing and speaking the English language? (12 VAC 5-31-900. General requirements.)			
Do you have a physical or mental impairment that would render you unable to perform <u>all</u> practical skills required for that level of training? Physical and mental performance skills include the ability of the individual to function and communicate independently to perform appropriate patient care, physical assessments and treatments <u>without the need for an assistant</u> . (12 VAC 5-31-900. General requirements.)			
	Yes	Initial	No
For those applying as an Active Operational member, are you able to meet the attendance requirements? This is approximately 100 hours a month <u>after</u> completing your initial training.			
<ul style="list-style-type: none"> • Weekly Scheduled Duty ----- 12 hours/shift x 4 = 48 • Week-end Scheduled Duty - 24 hours/shift x 2 = 48 • Holiday Duty - 9 hours/shift (as applicable) • Monthly Training ----- 2 hours/month x 1 = 02 • <u>Monthly Business Meeting - 2 hours/month x 1 = 02</u> 			
TOTAL: 100 hours/month			
Do you have any objection to working weekends and holidays?			
Can you travel as may be required by this position (i.e., training, etc.)?			
Have you ever been previously a member or employed by our organization?			
Can you submit proof of legal employment authorization and identity?			
If you are under 18, can you furnish a work permit if it is required?			
If you are under 18 or in school can you furnish a copy of your last report card if it is required?			
Can you furnish a copy of your high school diploma or GED certificate?			
Have you ever been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape? (12 VAC 5-31-910. Criminal or enforcement history.)			

Have you ever been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person? (12 VAC 5-31-910. Criminal or enforcement history.)			
Have you ever been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a patient or is a resident of a health care facility? (12 VAC 5-31-910. Criminal or enforcement history.)			
Have you ever been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time? (12 VAC 5-31-910. Criminal or enforcement history.)			
Have you ever been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time? (12 VAC 5-31-910. Criminal or enforcement history.)			
Are you currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia? (12 VAC 5-31-910. Criminal or enforcement history.)			

	Yes	Initial	No
Have you ever been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body? (12 VAC 5-31-910. Criminal or enforcement history.)			
Have you been convicted upon a charge of driving under the influence of alcohol or drugs, convicted of a felony or assigned to any alcohol safety action program or driver alcohol rehabilitation program pursuant to § 18.2-271.1 hit and run, or operating on a suspended or revoked license within the past five years. EMS personnel may not act as an operator of an EMS vehicle if they have been convicted. A person having any of these convictions in Virginia or another state may be eligible for reinstatement as an operator after five years and after successful completion of an approved emergency vehicle operator's course (EVOC) within the year prior to reinstatement. (12 VAC 5-31-910. Criminal or enforcement history.)			
Will you comply with all federal, state, and local laws applicable to their EMS operations? (12 VAC 5-31-930. State and federal law compliance.)			
All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia. (12 VAC 5-31-910. Criminal or enforcement history.)			
Have you ever been convicted of a crime in the last 7 years?			

If yes, please explain:



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Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: _____ Position held:

Address: _____ Telephone #:

Immediate supervisor and title:

Dates employed: from _____ to _____

Job summary:

Reason for leaving:

Employer: _____ Position held:

Address: _____ Telephone #:

Immediate supervisor and title:

Dates employed: from _____ to _____

Job summary:

Reason for leaving:



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Employer: _____ Position held:

Address: _____ Telephone #:

Immediate supervisor and title:

Dates employed: from _____ to _____

Job summary:

Reason for leaving:

Volunteer Fire/Rescue History

Please provide all information for your past two Volunteer Fire Departments/Rescue Squads starting with the most recent.

Department: _____ Position held:

Immediate supervisor and title:

Membership Dates: from _____ to _____

Job summary:

Reason for leaving:



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Department:

Position held:

Immediate supervisor and title:

Membership Dates: from _____ to _____

Job summary:

Reason for leaving:

Department:

Position held:

Immediate supervisor and title:

Membership Dates: from _____ to _____

Job summary:

Reason for leaving:



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Other Skills and Qualifications

Attach copies of ALL fire/rescue/EMS certifications; summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

School Name	Location	Year Start	Year End	Course of Study	Degree or Certificate
High School:					
College:					
Technical School:					
Other:					

References

List the three references you will be using, the reference sheets are attached; do not use relatives, employers, or other DTRS/DTVFD personnel.

Name	Phone Number	Years Known	Relationship