

# Membership Committee Application Worksheet

**Applicant Name:** \_\_\_\_\_ **Date Applied:** \_\_\_\_\_

**Membership Type Applying for:** \_\_\_\_\_

**Documents reviewed:**  Orientation Package  
 Application  Criminal History and DMV Check  Copies of EMS Certifications

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Verified Background:

Reference #1  Reference #2  Reference #3  Members' Comments  Other

Comments: \_\_\_\_\_  
\_\_\_\_\_

Employment history  Past EMS Affiliation

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Interview - Date:** \_\_\_\_\_

How did the candidate learn of the need for volunteers at this agency? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provided the applicant a copy of the:**  Current SOGs  By-laws

**Committee recommends to**  APPROVE  DENY this applicant to the membership.

**Membership**  APPROVED  DENIED this applicant on \_\_\_\_\_ (date).

**President's Signature:** \_\_\_\_\_

## Please select the Agency of which you are applying for:

EMS- \_\_\_ Axton \_\_\_ Bassett \_\_\_ Fieldale-Collinsville \_\_\_ Horsepasture \_\_\_ Ridgeway

Fire- \_\_\_ Axton \_\_\_ Bassett \_\_\_ Collinsville \_\_\_ Dyers Store \_\_\_ Fieldale

\_\_\_Horsepasture \_\_\_Patrick-Henry \_\_\_Ridgeway

## Membership Application

This agency does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

### PERSONAL:

NAME: \_\_\_\_\_ Date: \_\_\_\_\_ SS# XXXX-XX-\_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number & Street City State Zip Code

E-mail address: \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Evening Phone# \_\_\_\_\_ Alt. Phone# \_\_\_\_\_

Are you over 18 years old? \_\_\_ Yes \_\_\_ No If no, how old are you? \_\_\_\_\_

### EDUCATION:

Grade Completed: (circle appropriate) K 1 2 3 4 5 6 7 8 9 10 11 12 Diploma or GED

High school attended: \_\_\_\_\_ City/State \_\_\_\_\_

College Attended: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Other: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

### Related certifications:

\_\_\_\_\_  
Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\_\_\_\_\_  
Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\_\_\_\_\_  
Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\_\_\_\_\_  
Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PAST AFFILIATIONS:

List any Agency(s) that you have ever applied for or been of member of: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**CRIMINAL AND DRIVING HISTORY** (CCH/DMV record check form must be attached to this application)

Have you ever been convicted of a crime other than traffic offenses? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a traffic offense in the past 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT:**

Current or Last Place of Employment: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Shift(s) worked: \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Last Supervisor's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Previous Place of Employment: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Shift(s) worked: \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Last Supervisor's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Previous Place of Employment: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Shift(s) worked: \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Last Supervisor's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**REFERENCES:**

List three individuals who are not related to you nor are a member of this rescue squad.

- (1) \_\_\_\_\_ Ph#: \_\_\_\_\_
- (2) \_\_\_\_\_ Ph#: \_\_\_\_\_
- (3) \_\_\_\_\_ Ph#: \_\_\_\_\_

**By signing this form, you acknowledge that:**

1. if you do not possess current certifications, you must complete these courses within designated period of being accepted *(may vary depending on agency you are applying to)*  
 CPR – Within \_\_\_\_\_ Months      First Aid – Within \_\_\_\_\_ Months  
 EVOC – Within \_\_\_\_\_ Months      EMT-Basic – Within \_\_\_\_\_ Months  
 Firefighter I – Within \_\_\_\_\_ Months
2. you will be expected to adhere to all rules and regulations, as they may apply, that are established by this agency, Henry County, and/or the Commonwealth of Virginia.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Any applicant under the age of 18 must obtain a parent/guardian signature as well)

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

**EMS agency applicant SHALL meet, before affiliation, and maintain compliance with the following general requirements: (Fire Department applicant MAY be required)**

1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel who are less than 16 years of age. This person is not allowed to participate in any EMS response, or any training program or other activity that may involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.)
2. Be clean and neat in appearance;
3. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms.
4. Have no physical or mental impairment that would render him unable to perform all 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 without the need for an assistant.
5. Applications by individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases:
  - A. Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape.
  - B. Felonies 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, or assault on an elderly or infirm person.
  - C. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a healthcare facility including abuse of, neglect of, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.
  - D. Serious crimes of violence against persons such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or arson.
6. Applications by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant or provider establishes by clear and convincing evidence that certification will not jeopardize public health and safety.
  - A. Applications by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation, or on parole.
  - B. Applications by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction or five years have passed since release from custodial confinement whichever occurs later:
    - a. Crimes involving controlled substances or synthetics, including unlawful possession or distribution or intent to distribute unlawfully Schedule I through V drugs as defined by the Virginia Drug Control Act (§ 54.1-3400 seq. of the Code of Virginia).
    - b. Serious crimes against property, such as grand larceny, burglary, embezzlement, or insurance fraud.
    - c. Any other crime involving sexual misconduct.
  - C. Has 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.

**My signature below indicates that I have read and fully understand all the requirements of Fire and/or EMS personnel in the Commonwealth of Virginia.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Any applicant under the age of 18 must obtain a parent/guardian signature as well)

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_