



# Application for Membership



Riner Volunteer Rescue Squad  
1610 Auburn School Dr  
P.O. Box 858  
Riner, Virginia 24149

*Riner Volunteer Rescue Squad does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, age, gender, marital status, national origin, disability or handicap, veteran status or any other protected status.*

## **PERSONAL:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
City & State Zip

Email address: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_ Yes \_\_\_\_ No Date of Birth : \_\_\_\_\_

Do Parents Approve of Membership (if under 18) \_\_\_\_ Yes \_\_\_\_ No Gender \_\_\_\_ Male \_\_\_\_ Female

## **EDUCATION:**

High School: No. of Years Completed (Circle one) 1 2 3 4 School(s): \_\_\_\_\_

Diploma? \_\_\_\_ Yes \_\_\_\_ No GED: \_\_\_\_ Yes \_\_\_\_ No City/State: \_\_\_\_\_

College and/or Vocational School: No. of Years Completed (Circle one) 1 2 3 4

School(s): \_\_\_\_\_ City/State: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Other Training or Degrees:

School(s): \_\_\_\_\_ City/State: \_\_\_\_\_

Course: \_\_\_\_\_ Degree or Certificate Earned: \_\_\_\_\_

### **Riner Volunteer Rescue Squad Use Only**

Date application received by committee: \_\_\_\_\_ Date committee met with applicant: \_\_\_\_\_

Committee recommendation: \_\_\_\_ Yes \_\_\_\_ No (If no, list reasoning below)

First reading: \_\_\_\_\_

Second Reading: \_\_\_\_\_ Vote Count: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Abstentions

Permanent Membership Date: \_\_\_\_\_ Vote Count: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Abstentions



# Application for Membership



Riner Volunteer Rescue Squad  
1610 Auburn School Dr  
P.O. Box 858  
Riner, Virginia 24149

## **EMS Certification:**

Attach copy of all certifications currently held.

Certification held: \_\_\_\_\_ VA Certification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Professional Memberships: \_\_\_\_\_

## **SKILLS:**

Please list any EMS or Fire related skills or certifications that you have:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been an applicant or member of any fire or rescue agency? \_\_\_\_ Yes \_\_\_\_ No

If so, please state the agency name, location, dates of membership and a reference: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **RECORD OF CONVICTION:**

Have you ever been convicted of any traffic (including speeding tickets) or criminal offense in any state? \_\_\_\_ Yes \_\_\_\_ No

If yes, fully explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for membership. Rather, such factors as age and date of conviction, seriousness and nature of the crime and rehabilitation will be considered.)

## **EMPLOYMENT:**

List last employer first, including US Military Service.

If any employment was under a different name, indicate name: \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
MM/YY MM/YY

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact the employer? \_\_\_\_ Yes \_\_\_\_ No

If you wish to describe additional work experience, attach the information on a separate sheet of paper.



# Application for Membership



Riner Volunteer Rescue Squad  
1610 Auburn School Dr  
P.O. Box 858  
Riner, Virginia 24149

Have you ever been discharged or asked to resign from a job, or resigned to avoid termination? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain:

---

## **REFERENCES:**

Please provide names, addresses and phone numbers of references. References may not be relatives or crew members. Please be advised if we cannot reach your contact or if they fail to contact us back your application will be put on hold for 30 days and then closed if no contact is made.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

I/Parent or Guardian certify that the facts set forth in the above application are true and complete to the best of my knowledge. I/Parent or Guardian authorize the Riner Rescue Squad and its Membership committee to verify the accuracy of this application and to obtain reference information by contacting educational institutions, references or employers and to rely on and use such information as they see fit. I/Parent or Guardian hereby release the Riner Volunteer Rescue Squad, its Officers and assigns from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of Riner Volunteer Rescue Squad. I/Parent or Guardian understand that should an offer of membership be extended to me and accepted, I will fully adhere to the policies, rules and regulations of Riner Volunteer Rescue Squad as set forth in the 2011 operational manual.

I/Parent or Guardian understand that if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_