## RINER VOLUNTEER RESCUE SQUAD

Membership Letter



## TO ALL MEMBERSHIP APPLICANTS:

Thank you for your interest in membership with the Riner Volunteer Rescue Squad (RVRS). RVRS is dedicated to providing the community with the highest quality of emergency medical care.

In order to assure that your application is processed in a timely manner, please be sure that all of the following are completed.

- > All sections of the application must be completed and signed (including Drivers License copy).
- > Attach copies of all EMS related certifications (if applicable).
- ➤ Please inform any references used that a completed electronic reference form will need to be submitted in a timely manner. (A link to this form will be e-mailed to the address provided)
  - Family members should not be used as references. For student applicants, a teacher/ professor is acceptable.
  - A valid phone number is required for each reference in the event the membership committee needs further information.
  - Incomplete or erroneous information will delay the processing of your application.
- > Completed applications should be saved and e-mailed to: membership@rinerrescue.org
- Completed applications may also be mailed to: 1st Lieutenant, Riner Volunteer Rescue Squad, P.O. Box 858, Riner, VA 24149.

## **RINER VOLUNTEER RESCUE SQUAD**Membership Application





APPLICANT									
Last Name			First	First			M.I.	DOB	
Street Address							Apt. #	Apt. #	
City			State	State			ZIP	ZIP	
Phone			E-mail	E-mail					
Membership Cat	egory		☐ Active	□ Active □ Ass			sociate	ociate $\Box$ Junior	
BACKGROUND									
	legal right to v	work in the United	States?		YES 🗆	NO 🗆			
Do you have a v	/alid driver's li	icense?			YES 🗆	NO 🗆	State	Number	
Have you ever b	peen convicted	d of a crime?			YES 🗆	NO 🗆	If yes, atta	ach explanation	
Have you ever l Intoxicated or U		d of Driving While Jence?			YES 🗆	NO 🗆		ach explanation	
Have you ever from a public sa		or terminated me	mbership		YES 🗆	NO $\square$	If yes, atta	ach explanation	
Have you ever tany position?	oeen dismisse	d or forced to resig	n from		YES 🗆	NO 🗆	If yes, atta	ach explanation	
EDUCATION									
High School			Address	ddress					
From	То	Did you graduate?	YES 🗆	NC	) 🔲	Degree			
College			Address		•				
From	То	Did you graduate?	YES 🗆	YES NO Degree					
Other	ther Address								
From	То	Did you graduate?	YES 🗆	YES NO Degree		Degree			
CERTIFICATIONS									
List relevant certifications. Attach copies. (ie: EMT, NREMT, EVOC, CPR, ACLS, PALS, etc.)									
Certification					Expiration				

EMPLOYMENT					
List most recent employment first.					
Company			Phone		
Address					
Position			Supervisor		
From	То	Reason for Leaving			
Company			Phone		
Address					
Position			Supervisor		
From	То	Reason for Leaving			
Company			Phone		
Address					
Position			Supervisor		
From	То	Reason for Leaving			
EXPERIENCE					
List all prior e	experience with v	olunteer fire, EMS, and other pul	blic safety organizations.		
Agency			Phone		
Address					
Position			Chief		
From	То	Reason for Leaving			
Agency			Phone		
Address					
Position			Chief		
From	То	Reason for Leaving			
If you have additional experience, please attach.					
REFERENCES					
List three references. Do not include relatives or employers.					

REFERENCES					
List three references. Do not include relatives or employers.					
Full Name	Phone & E-Mail				
Address	Relationship				
Full Name	Phone & E-Mail				
Address	Relationship				
Full Name	Phone & E-Mail				
Address	Relationship				

STATEMENT
I hereby certify that every statement I have made on this application and supporting documents is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my immediate discharge if discovered at a later date. I understand that if this application is incomplete, it will not be processed.
I authorize the Riner Volunteer Rescue Squad to investigate, without liability, all statements contained in this application and supporting materials. I also authorize references, employers, public safety agencies, and others, without liability, to make full response to any inquiries in connection with this application.
I understand that the use of illegal drugs is strictly prohibited and grounds for immediate termination. The use of alcohol or misuse of prescription drugs prior to or during duty is a serious violation punishable up to and including termination. I understand that I may be subject to random drug testing at any time.
My signature authorizes drug screening, investigative reports, criminal history and driving record checks, reference checks, and physical examination if required.

Signature		Date
DEPARTMENT USE		
DMV Clear	YES □ NO □	

DEI ARTIFIERT OSE					
DMV Clear	YES $\square$	NO $\square$			
CBC Clear	YES □	NO $\square$			
REF Clear	YES □	NO $\square$			
Eligible	YES 🗆	NO $\square$	Conditional		
Notes					
Authorized Signature				Date	