



# 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.**

**"Proudly Serving the Community of Riner Since 2011"**



**EMPLOYMENT**

List most recent employment first.

Company		Phone
Address		
Position		Supervisor
From	To	Reason for Leaving
Company		Phone
Address		
Position		Supervisor
From	To	Reason for Leaving
Company		Phone
Address		
Position		Supervisor
From	To	Reason for Leaving

**EXPERIENCE**

List all prior experience with volunteer fire, EMS, and other public safety organizations.

Agency		Phone
Address		
Position		Chief
From	To	Reason for Leaving
Agency		Phone
Address		
Position		Chief
From	To	Reason for Leaving
If you have additional experience, please attach.		

**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 <input type="checkbox"/>	NO <input type="checkbox"/>	
CBC Clear	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
REF Clear	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Eligible	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Conditional <input type="checkbox"/>

Notes

**Authorized Signature****Date**