

Ettrick-Matoaca Volunteer Rescue Squad

5711 River Road, South Chesterfield, VA 23803

Membership Application

PERSONAL INFORMATION			
LAST NAME		FIRST NAME	MI
ADDRESS			
CITY		STATE	ZIP CODE
BIRTHDATE		HOME TELEPHONE NUMBER	CELL PHONE NUMBER
EMAIL ADDRESS			
DRIVER ' S LICENSE NUMBER		DRIVER ' S LICENSE EXPIRATION	
EMERGENCY CONTACT INFORMATION			
NAME OF EMERGENCY CONTACT			
TELEPHONE			
REFERENCES			
(Please list at least three references who are not related to you)			
NAME		TELEPHONE NUMBER	
NAME		TELEPHONE NUMBER	
NAME		TELEPHONE NUMBER	
CERTIFICATIONS			
Type	Number	Issuing State	Expiration Date
EMT - B			
EMT-I			
EMT-P			
EVOC			
CPR			

EMPLOYMENT HISTORY

EMPLOYER	FROM	TO
ADDRESS	TELEPHONE NUMBER	SUPERVISOR'S NAME
REASON FOR LEAVING		
EMPLOYER	FROM	TO
ADDRESS	TELEPHONE NUMBER	SUPERVISOR'S NAME
REASON FOR LEAVING		
EMPLOYER	FROM	TO
ADDRESS	TELEPHONE NUMBER	SUPERVISOR'S NAME
REASON FOR LEAVING		

EDUCATION

HIGH SCHOOL			
ADDRESS	DID YOU GRADUATE?	DEGREE OR DIPLOMA	
COLLEGE			
ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE SCHOOL			
ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA

GENERAL INFORMATION

Answering “yes” to the following questions will not automatically exclude you from being considered for membership. However, complete and accurate information must be provided.

Have you ever been dismissed or asked to resign from any position, whether as an employee, volunteer or otherwise?	YES	NO
If YES, please explain:		
Have you ever been cited for a traffic violation, not including parking tickets?	YES	NO
If YES, please explain:		
Have you ever been convicted of or pled guilty to a crime (felony, misdemeanor or other) – including being sentenced to probation before judgment, etc.	YES	NO

If YES, please explain:		
Have you ever been an applicant, employee or member of any fire department or rescue squad?	YES	NO
If YES, please list department name and dates (from/to)		
Please list any special training, skills or abilities you would like us to know about:		
As a squad member, which duty shifts would you be most interested in?	Daytime	Evening

SIGNATURES

Application Certification and Acknowledgement

I hereby certify that the information set forth in this application are true and complete and agree to the following: I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that if any statement made by me on this application or during the approval process is found to be false, misleading, or a material omission, it will prevent me from being approved for membership; it will be grounds for my immediate dismissal, regardless of when discovered by the squad.

I also understand that any offer of membership for any individual over the age of 18 is conditional upon a satisfactory criminal record check. I further understand that any offer of approval for any other position is conditional upon a negative drug and alcohol test. If the criminal record check or drug and alcohol testing is not satisfactory to the squad, the approval will be withdrawn or, if I have been subsequently approved, your status may be terminated.

I expressly authorize, without reservation, the squad, its representatives and employees to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have against the squad, its agents, employees or representatives, for seeking, gathering and using this information in the membership process and all other persons, corporations or organizations for furnishing such information about me.

In consideration of my membership, I agree to conform to the squad’s policies and procedures, and I understand that these policies/procedures, and/or forms/documents do not form a contract, either express or implied. I also understand that any membership position may be terminated or changed at any time, with or without cause or notice.

You will be contacted about an orientation in the near future. This orientation is necessary to assist you in becoming familiar with our squad. If you are unable to make the orientation, please advise us at that time and other arrangements will be made.

I expressly agree to the Application Certification and Acknowledgment above.

Signature of Applicant

Date

If applicant is under eighteen (18) years of age, signature of parent or guardian is required.

Signature of parent or guardian

Date



CHESTERFIELD COUNTY
BACKGROUND INVESTIGATION RELEASE OF INFORMATION FOR
CO-SPONSORED COACHES/VOLUNTEERS, COUNTY EMPLOYEES
COUNTY VOLUNTEERS AND CONTRACT WORKERS

TO WHOM IT MAY CONCERN:

I hereby authorize Chesterfield County Human Resource Management to obtain records related to me, if any, from criminal justice agencies. I understand that this information released is for official use by Chesterfield County for the sole purpose of determining my eligibility to volunteer, be employed, be promoted, be transferred, or work in a contracted capacity and may be disclosed to other persons only as necessary to determine my eligibility.

I understand that failure to provide all or part of the information may result in my disqualification for volunteerism/employment/contract work. This release shall be effective on the date of its execution and expire upon completion of my background investigation.

Last Name: _____ First: _____ Middle: _____

Other Names Used (Include Maiden): _____

Social Security Number: _____

Date of Birth: _____ State of Birth: _____ Country of Birth: _____

Gender: Male Female Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Race: _____

Current Address: Street: _____

City, State, Zip: _____

Previous Address (Past 5 Year) Street: _____

City, State, Zip: _____

Co-Sponsored Coach – List League or Assoc: _____

Coaches Card Renewal – Old #: _____

Employee – List Department: _____

Volunteer – List Department: _____

Contract Worker – List Department: _____

Today's Date: _____

Phone Number: Home: _____ Work: _____

Signature (Full Name): _____

5/11/05

***** DO NOT WRITE BELOW THIS LINE. FOR SQUAD USE ONLY *****

ACTIVITY	DATE	COMMENTS
Date application forwarded for background check		
Date background information received		
Date drug test paperwork delivered to applicant		
Date drug test paperwork received from County		<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Date references contacted		
Date brought up for approval		<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Date orientation attended		
Date information put in phone list		
Date information forwarded to Training Officer		
Projected date to come off probation (6 mos)		
Date off probation		
MISCELLANEOUS INFORMATION & COMMENTS		