## **Ettrick-Matoaca Volunteer Rescue Squad**

5711 River Road, South Chesterfield, VA 23803 Recruitment Officer: 804.318.7778

## **Membership Application**

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

EMPLOYMENT HISTORY					
EMPLOYER				FROM	то
ADDRESS		TELEPHONE NUMBER		SUPERVISOR 'S NAME	
REASON FOR LEAVING					
EMPLOYER			FROM	то	
ADDRESS		TELEPHONE NUMBER		SUPERVISOR'S NAME	
REASON FOR LEAVING					
EMPLOYER				FROM	то
ADDRESS		TELEPHONE NUMBER		SUPERVISOR'S NAME	
REASON FOR LEAVING				<u> </u>	
EDUCATION					
HIGH SCHOOL					
ADDRESS	ADDRESS		DID YOU GRADUATE?	DEGREE OR DIPLOMA	
COLLEGE			I		
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 w However, complete and accurate information			ou from being co	onsidered for men	nbership.
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)	1	
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		
hereby certify that the information set forth in this application are true and complete and agree to the vithheld any information that might, if disclosed, affect my application unfavorably. I understand this application or during the approval process is found to be false, misleading, or a material on approved for membership; it will be grounds for my immediate dismissal, regardless of when discovery	and that if any stat nission, it will prev	ement made by me
also understand that any offer of membership for any individual over the age of 18 is conditional heck. I further understand that any offer of approval for any other position is conditional upon riminal record check or drug and alcohol testing is not satisfactory to the squad, the approval ubsequently approved, your status may be terminated.	a negative drug ar	nd alcohol test. If the
expressly authorize, without reservation, the squad, its representatives and employees to conferences (personal and professional), employers, public agencies, licensing authorities and education the accuracy of all information provided by me in this application. I hereby waive any and an esquad, its agents, employees or representatives, for seeking, gathering and using this information persons, corporations or organizations for furnishing such information about me.	ucational institutional rights and claim	ons and to otherwise as I may have agains
n consideration of my membership, I agree to conform to the squad's policies and procolicies/procedures, and/or forms/documents do not form a contract, either express or implied. osition may be terminated or changed at any time, with or without cause or notice.		
ou will be contacted about an orientation in the near future. This orientation is necessary to assist y quad. If you are unable to make the orientation, please advise us at that time and other arrangem		miliar with our
expressly agree to the Application Certification and Acknowledgment above.		
Co g of Applicant ''''''''''''''''''''''''''''''''''''		
bout signatures: Please type your name in the required fields. Signatures will be obtained after cceptance if you are submitting via email. If you choose to print and mail your application, please sign.		
f applicant is under eighteen (18) years of age, signature of parent or guardian is required.		

Pco g parent or guardian """"""""""""""""""""""""""""""Fate

## \*\*\*\*\*\* 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		[ ] Passed [ ] Failed
Date references contacted		
Date brought up for approval		[] Accepted [] 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		