



Lakeside Volunteer Rescue Squad, Inc.

2007 Timberlake Avenue
Richmond, VA 23228
Business (804) 266-7498

Application for Membership

Lakeside Volunteer Rescue Squad, Inc. is continually searching for compassionate persons for membership with our agency. If you have the drive and desire to help and to serve your community in need, we invite you to fill out an application. Our agency welcomes trained and novice members.

We are a volunteer organization that provides basic and advanced emergency medical treatment for the citizens of Henrico County. The community depends upon us daily to respond in their time of need. The responsibility is a great one, taking time, skill, desire, and dedication to perform under adverse and stressful situations in the field.

We would like to thank you for your interest in the Lakeside Volunteer Rescue Squad, Inc. and hope you find serving your community a rewarding experience as each of us have. Please read the information contained here, complete the application, and mail it to the address above. Feel free to bring it in person!



Sincerely,

Wayne Usher

President

Lakeside Volunteer Rescue Squad, Inc.

Types Of Membership

Probationary Membership – shall consist of those persons who have applied for membership in the Corporation and have successfully completed the screening process conducted by the Membership Committee. Probationary membership may be granted by the Board of Directors upon recommendation of the Membership Committee after finding that the prospective member has complied with all of the requirements. The membership of a Probationary member may be terminated at any time by a majority vote of the Board. If such Probationary Member is terminated, he/she may reapply for membership at the end of six (6) months from the date of termination. All members who are/have been members of LVRS, or other EMS agencies, must come before the board in person in order to be granted probationary membership. The Board may grant exceptions to this personal appearance policy in cases of extenuating circumstances.

Active Membership – Voted into this membership class by a majority vote at a general membership meeting after a **6 month probationary period**. Contribute a minimum of thirty-six **(36) hours** of duty time on his or her assigned crew per month. **Members between the ages of 16 and 18, who are still in high school, must ride a minimum of fifteen (15) hours.** Up to 12 duty hours each month may be acquired by attending training classes. Duty hours may also be acquired by attending General Membership Meetings.

Associate Membership – The Associate membership shall be comprised of those persons who are members of another EMS agency or a physician (MD or DO) or a Registered Nurse, Nurse Practitioner, or Physician's Assistant who actively practice at a hospital in an emergency department or critical care setting who also holds a valid Virginia EMT certification and CPR that wish special riding privileges with the Corporation. Associate membership may be granted upon finding the prospective member has complied with all the requirements, after recommendation by the Board of Directors, with a 2/3-majority vote by the General Membership. Contribute a minimum of eighteen **(18) hours** of duty per month.

Support Membership – Eligibility for Support membership shall be limited to those persons who have made a commitment to assist in the purposes of the Corporation in a non-EMS capacity. Support members contribute a minimum of twelve **(12) hours** of **non-EMS** services a month

Type of Membership applying for

Probationary Membership Associate Membership Support Membership

Personal Information

Full Name: _____

Social Security Number: ____/____/____ **DOB:** ____/____/____

Current Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____)-____-____ **Cell Phone:** (____)-____-____

Email: _____@_____

Present Employer: _____

How long have you been an employee: _____ **Phone Number:** (____)-____-____

In the event of an emergency whom do we notify?

Name: _____ **Relationship:** _____

Home Phone: (____)-____-____ **Cell Phone:** (____)-____-____

Educational Background

High School Attended: _____ Year Graduated: _____

Diploma Type: GED Standard Advanced Studies

College Attended: _____ Year Graduated: _____

Major: _____ Minor: _____

Criminal Background

Have you ever been convicted of any offense including moving traffic violations?

YES NO

If yes please explain below including the date of the offense, offense and the outcome

1. _____
2. _____
3. _____
4. _____
5. _____

Previous Fire/EMS Experience

Please list below any Fire/EMS you are or have been affiliated with. Please include your Chief/Captains name and a contact number for that person.

1. _____
2. _____
3. _____
4. _____
5. _____

Have you ever applied for membership with the Lakeside Volunteer Rescue Squad?

YES NO

If yes, what was the outcome of that application and if it resulted in you becoming a member, under what circumstances did you leave.

EMS Certifications

Check all certifications that apply to you, and attach a copy of each.

<input type="checkbox"/> EMT-B EXP Date _____	<input type="checkbox"/> EMT-E EXP Date _____	<input type="checkbox"/> EMT-I EXP Date _____	<input type="checkbox"/> EMT-P EXP Date _____
<input type="checkbox"/> EVOC EXP Date _____	<input type="checkbox"/> BTLS EXP Date _____	<input type="checkbox"/> PHTLS EXP Date _____	<input type="checkbox"/> ACLS EXP Date _____
<input type="checkbox"/> PALS EXP Date _____	<input type="checkbox"/> CPR EXP Date _____		

Other: Please Explain

In a short summary please explain why you chose to join the Lakeside Volunteer Rescue Squad?

What type of training are you hoping to obtain in the near future?

Criminal Background Investigation Release

Please print

Name: _____
 First Middle Last

Date of Birth: _____
 Month Day Year

Social Security Number: _____

Gender: Male Female

Race: Asian/Pacific Islander Black Indian/Alaskan Native White Other

As an observer/applicant with the Lakeside Volunteer Rescue Squad, Inc., I authorize the Henrico County Division of Fire to conduct a criminal background investigation. The results of this background investigation will be released to the President of Lakeside Volunteer Rescue Squad. I have truthfully completed the information requested above.

This release is valid for a single criminal background investigation.

This release expires 30 days from the date below.

I wish to review the results of this background check YES NO

Signature

Date

Lakeside Volunteer Rescue Squad, Inc.

2007 Timberlake Avenue
Richmond, VA 2328
Business (804) 266-7498

RELEASE OF LIABILITY/PARENTAL AUTHORIZATION

This agreement made this ____ day of _____, 20____, by and between the Lakeside Volunteer Rescue Squad, Inc., a Virginia non-stock corporation, and:

Name

Date of Birth

Phone Number

Address, City, State, Zip

WHEREAS, the above-named individual, (herein after "Rider") is interested in participating in the Lakeside Volunteer Rescue Squad Ride-Along program as a silent observer to learn more about EMS and the agency.

WHEREAS, the Lakeside Volunteer Rescue Squad (herein after "LVRS") is willing to grant interested individuals the opportunity to participate in the Ride-Along program to help educate those who want to learn about EMS and the agency.

THEREFORE, in consideration of this agency granting permission to the Rider to enter, be around and upon its property, and any and all equipment or vehicles, the parties hereto agree as follows:

1.) The Rider hereby waives all claims for damages or losses to his person or property which may be caused by any negligent act, or negligent failure to act except those constituting criminal or wanton and willful acts on the part of the Lakeside Volunteer Rescue Squad, its officers, agents, or employees. The Rider will assume the risk of all dangerous conditions in and about the corporation's property or vehicles.

2.) The Rider agrees that he/she is a silent observer and that he/she shall not take any action or perform any functions during the course of their Ride-Along unless directed to do so by the Attendant-In-Charge or Crew Chief. In the event that the Rider acts to the contrary of the foregoing, the Rider agrees to defend, indemnify, and hold LVRS harmless from any actual or threatened liability, damages, expenses, penalties, or judgments, including, but not limited to, attorney's fees arising from any action taken or the breach of any covenant of the Agreement.

3.) This release is freely and voluntarily entered into by the Rider in consideration of the granting of permission to ride on the corporations vehicles and this release shall be binding upon the Rider, his/her heirs, and personal representatives.

4.) The Rider shall not discuss any patient information, treatment, or agency-related matter with any other individual upon the completion of their ride-along. The Rider shall be in compliance with all laws governing patient confidentiality. The Rider shall not keep any items issued to or used by the Rider during their ride-along, including, but not limited to uniforms, jumpsuit, jacket, traffic vest, call sheets, EMS equipment, or any other article of the corporation.

5.) The Rider certifies that he/she is of legal age and can enter into a valid contract with LVRS in the matter. If the Rider is not of legal age, the Rider **and** the Rider's parent or guardian shall sign below in agreement to these provisions and gives permission for the Rider to participate in the Ride-Along program.

6.) This contract shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia.

IN WITNESS THEREOF, the Parties have executed this Agreement, which shall be effective beginning this date and until the conclusion of the Rider's participation in the Ride-Along program or until the Rider has been accepted into the Membership of this corporation.

Rider _____ Parent/Guardian (if under 18y/o) _____

Statement

I hereby affirm that the above information is true and correct to the best of my knowledge. I also realize that any fraudulent information may be sufficient cause for rejection or subsequent revocation of my membership. Finally, I affirm I have not been convicted of any felony under the laws of the United States of America within the last five years.

It is understood that if I am accepted, I shall be required to abide by the rules and regulations set forth in the By-Laws and Policies and Procedures, of the Lakeside Volunteer Rescue Squad, Inc. and all state and local laws and guidelines or be subject to dismissal by a vote from the membership. I authorize investigation of my character references, driving record, physical and mental conditions or any other matter contained on this application.

Name

Signature / Parent if under 18

____/____/____
Date

Reference # 1

References may not be family members and must be at least 18 years of age.

Name: _____ Applicants Name: _____

Email: _____ @ _____

How are you acquainted with the applicant: _____

How long have you known the applicant: _____

Do you feel the applicant is a responsible person that you would trust with confidential patient information? Please explain why or why not.

_____.

How well does the applicant interact with others?

_____.

Have you ever had any type of issues with the applicant?

_____.

Does the applicant demonstrate a sense of commitment and fulfillment of obligations?

_____.

How well does this applicant follow directions and perform detailed work under pressure?

_____.

Would you recommend this applicant for membership with the Lakeside Volunteer Rescue Squad?

Thank you for your time and attention on this applicant's behalf.

Please return this form to:

*Lakeside Volunteer Rescue Squad
2007 Timberlake AVE
Richmond, Virginia 23228
Attn: Chairman, Membership Committee*

Reference # 2

References may not be family members and must be at least 18 years of age.

Name: _____ Applicants Name: _____

Email: _____ @ _____

How are you acquainted with the applicant: _____

How long have you known the applicant: _____

Do you feel the applicant is a responsible person that you would trust with confidential patient information? Please explain why or why not.

How well does the applicant interact with others?

Have you ever had any type of issues with the applicant?

Does the applicant demonstrate a sense of commitment and fulfillment of obligations?

How well does this applicant follow directions and perform detailed work under pressure?

Would you recommend this applicant for membership with the Lakeside Volunteer Rescue Squad?

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Reference # 3

References may not be family members and must be at least 18 years of age.

Name: _____ Applicants Name: _____

Email: _____ @ _____

How are you acquainted with the applicant: _____

How long have you known the applicant: _____

Do you feel the applicant is a responsible person that you would trust with confidential patient information? Please explain why or why not.

_____.

How well does the applicant interact with others?

_____.

Have you ever had any type of issues with the applicant?

_____.

Does the applicant demonstrate a sense of commitment and fulfillment of obligations?

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How well does this applicant follow directions and perform detailed work under pressure?

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Would you recommend this applicant for membership with the Lakeside Volunteer Rescue Squad?

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Squad Use Only

Date application was received: ____/____/____

Date applicant met with membership committee: ____/____/____

Date Probation Started: ____/____/____

Date Started Associate Membership: ____/____/____

Date Started Full Membership: ____/____/____

Date Started Support Membership: ____/____/____

Changes in membership status: