

APPLICATION

FOR

MEMBERSHIP



Applicant Instructions

1. Read Informational Sections
2. Fill out Application Completely
3. Carefully Read & Sign Waivers
where indicated
4. Attach requested transcripts
5. Return Application to membership
officer

Revised 6/2003

Bristol Life Saving Crew

EMERGENCY MEDICAL SERVICES VOLUNTEER JOB DESCRIPTION

Job Title: Volunteer Pre-hospital provider

Purpose: To provide responsible pre-hospital emergency care to clients. Promote and advance the squad's goals through training, fundraising, public education and community well-being.

Responsibilities: To devote adequate time and support to agency objectives; respond to emergencies, training, and public education projects. Actively participate in organizational functions: business meetings, training sessions and other special activities, as required by the squad.

Time Required: Bi-weekly duty shifts, special details (unit and building maintenance), and meetings (business, training and committee) as required. Required to spend additional time during the initial probationary period to become familiar with the work of the squad.

Qualifications and Special Skills:

- A minimum of 18 years of age and a person of mature judgement as attested to by the Bristol Life Saving Crew.
- Clean and neat in appearance.
- Of sound physical and mental condition, capable of performing all assigned duties.
- Able to read, write and speak the English language.
- Not addicted to the use of any drugs or intoxicating substances.
- Never convicted of a felony involving any sexual crime.
- Never convicted of any other act which is a felony under the laws of the State or the United States, except that such felon is eligible for EMS certification if no additional felonies have been committed within five (5) years after the date of final release from incarceration.
- Required training program during probationary period.
- Other requirements as imposed by the agency.

Supervision: Provided by line officer(s) and/or designated members.

Benefits: Upon successful completion of probationary period or its equivalent, volunteer pre-hospital provider may become a full member of the squad with all responsibilities and privileges accorded by the agency. Special recognition and awards may be achieved.

Bristol Life Saving Crew
VOLUNTEER STATEMENT OF
COMMITMENT
EMS

As a member of the Bristol Life Saving Crew, I hereby made a commitment to:

1. Work assigned duty details.
2. Attend membership meetings as scheduled.
3. Attend training sessions as scheduled.

As a member, I understand that I am a part of the staff of the B L S C and therefore, I can be asked to resign from membership. Causes for dismissal from the volunteer staff include:

1. Failure to comply with the bylaws of the organization.
2. Failure to comply with the policies and procedures of the organization.
3. Failure to complete the required training programs; for example:
 - A. EMT in VA& TN
 - B. CPR
 - C. EVOC
 - D. Vehicle Extrication
 - E. Others as required by the agency
4. Failure to work minimum time per month.
5. Failure to attend inservice training programs.
6. Breach of confidentiality.
7. Unethical behavior.
8. Unwillingness to follow the directions of the officers.

As a volunteer, I am also required to provide evidence of:

1. Current driver's license and DMV driving transcript in V A or TN.
2. Current certification from the Division of EMS.
3. Copy of criminal records check, etc.

Applicant Signature & Date _____

Membership Officer Signature & Date _____

PERSONNEL POLICY OF BRISTOL LIFE SAVING CREW

Prospective members to the Bristol Life Saving Crew must meet the requirements of the personnel policy prior to their application being brought before the membership.

1. I agree to be responsible for the duty assigned to me by the membership officer.
2. I agree to attend at least 60% of all meetings.
3. I agree to attain and maintain a valid Virginia or Tennessee E.M.T. certification.
4. I agree to obtain (if necessary) a valid Virginia Drivers License or Tennessee Drivers License with required endorsements.

Applicant Signature

Membership Officer

Witness

APPLICATION FOR MEMBERSHIP

Name: _____

Nickname: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Address: _____

City/State: _____ Zip Code: _____

Social Security: ____ - ____ - ____ DL# _____

Date of Birth: (m/d/yyyy) _____

=====

Where do you work/study? _____

How man hours per week? _____

Education Level (Circle last year completed) Grade 5 6 7 8

High School 9 10 11 12 College 1 2 3 4

Graduate 1 2 3 4 5 Other Education: _____

Please list any other technical/professional degrees:

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PLEASE LIST THE FOLLOWING FOR EACH EMS AGENCY TO WHICH YOU HAVE PREVIOUSLY BELONGED OR BEEN A MEMBER:

Agency: _____

Position: _____

Dates of Experience: _____

Agency/Department supervisor: _____

Special Training or certifications Received: _____

Application for Membership

Agency: _____
Position: _____
Dates of Experience: _____
Agency/department supervisor: _____
Special training or certifications received: _____

Agency: _____
Position: _____
Dates of Experience: _____
Agency/department supervisor: _____
Special training or certifications received: _____

Please list any other professional or volunteer experience which may be helpful in you position as a volunteer EMS provider:

Special training, skills, or interests: _____

Restrictions that might/will affect your availability for volunteer work (family, work schedules Medical restrictions, etc.): _____

In case of emergency, notify: _____
Relationship: _____
Physician: _____

Please attach copies of the following to this application:

1. EMS certifications (issued from state agency)
2. DMV driving transcript
3. Local Police Records Check

Please provide the following information for three (3) people who can attest to your qualifications and interest as a volunteer EMS provider:

Name: _____
Address: _____
City/State: _____
Home Phone: (____) _____ Work Phone: (____) _____

Name: _____
Address: _____
City/State: _____
Home Phone: (____) _____ Work Phone: (____) _____

Name: _____
Address: _____
City/State: _____
Home Phone: (____) _____ Work Phone: (____) _____

APPLICATION FOR MEMBERSHIP

By signing this application for membership, I hereby agree that the information provided is complete and accurate. I further understand that by providing this information I agree that the agency may verify the information received in evaluation of my application.

I further agree that I have read and reviewed the "Job Description-EMS Volunteer" and do comply with the qualifications and special skills as outlined. I have read and reviewed the "Volunteer Statement of Commitment" and realize that failure to comply with these requirements can result in my immediate dismissal from the agency.

Signature of Applicant & Date: _____

Signature of Membership Officer & Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ Soc. Sec. # _____ have made application for membership with the Bristol Life Saving Crew, Bristol, Virginia. In connection therewith I understand that my entire background is subject to investigation. I understand further that this background investigation may require the Bristol Life Saving Crew to Investigate and request information from other sources which may otherwise be confidential Or private including, but not limited to records maintained by former employers, schools, Financial institutions, medical and hospital, psychiatric institutions or agencies, personal References, military and all records of law enforcement agencies such as traffic and Criminal offenses.

Understanding this I hereby consent to this investigation and authorize the Bristol Life Saving Crew to obtain the aforementioned information and further release the Bristol Life Saving Crew From any and all liability resulting from any adverse information discovered and fully realize That any such adverse information may result in the rejection of my application.

I further authorize the Bristol Life Saving Crew, Bristol, Virginia to provide a copy of this Authorization to any such source as set out above and likewise resolve and release any such Source from liability for information released to the Bristol Life Saving Crew, Bristol, Virginia.

Date: _____

Applicant Signature: _____

Witness: _____

WAIVER AND RELEASE FROM LIABILITY

This WAIVER AND RELEASE FROM LIABILITY, made and entered into on this the _____ day of _____, 20____ by and between _____, a prospective member of the Bristol Life Saving Crew, Inc. and the BRISTOL LIFE SAVING CREW, INC.

WITNESSETH:

_____ agrees that while he/she is under consideration as a prospective member of the Bristol Life Saving Crew that he/she will in no way hold the Bristol Life Saving Crew, Inc. responsible for any injuries which may occur to _____ while on the premises of the Bristol Life Saving Crew, Inc.

Should any injury occur, by this agreement, _____ hereby releases Bristol Life Saving Crew, Inc. from any liability for said injury.

Prospective Member of the Bristol Life Saving Crew, Inc.

Bristol Life Saving Crew, Inc.

By: _____

PROBATIONARY CHECKSHEET

Applicants Name: _____

Give the dates of the required first three meetings attended: _____, _____, _____

Have all the release papers for the background check been signed? _____

Has the personal interview taken place? When? _____

Have the personal references been contacted? At least 2? _____

Has the work reference been checked out? _____

Presented for probation: _____ Accepted? _____

Presented for full Membership: _____ Accepted? _____

If terminated, for what reason? Resignation _____

Voted out by members _____

Other _____

Comments-

I _____ agree that upon acceptance into the Bristol Life Saving Crew, if the crew would ever begin a random drug screening program, I would agree to be a participant of this policy. Refusal to comply with this program would result in my dismissal from the Bristol Life Saving Crew.

Signed _____ Date _____

Witness _____ Date _____

I _____ agree to take the HEP B Vaccine offered to me by the Bristol Life Saving Crew. I understand that the cost (approximately \$ _____) will be paid by the Bristol Life Saving Crew, however, if my application for full membership is rejected for ANY reason, I agree to reimburse the crew for the full amount within thirty (30) days of being dismissed.

Signed & Date: _____

Witness: _____

I _____ have been offered the HEP B Vaccine by the Bristol Life Saving Crew, but have decided to wait until I complete my probationary period for the Bristol Life Saving Crew. Once I become a full member, I will then take the required treatment or sign the release form below.

Signed & Date: _____

Witness: _____

I _____ have been offered the HEP B vaccine by the Bristol Life Saving Crew, but at this time refuse to participate in the program. (A reason may be added if applicable.) I release Bristol Life Saving Crew and its parties from all liabilities, in reference to the HEP B Vaccine.

Signed & Date: _____

Witness: _____