

# Loudoun County Volunteer Rescue Squad

143 Catoctin Circle SE

Leesburg VA 20175

Mailing Address: PO Box 1178 Leesburg VA 20177

## APPLICATION FOR MEMBERSHIP

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Home Address (Street, Apt No): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Phone: H/W/C \_\_\_\_ Email Address: \_\_\_\_\_

Birthplace (City/State): \_\_\_\_\_ Citizenship:\*\* \_\_\_\_\_

**\*\*Note: Non-US Citizens must provide copy of their Resident Card/VISA with this application**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*The Loudoun County Volunteer Rescue Squad does not discriminate against gender, age, race, religion or national origin.*

### INTEREST IN OUR RESCUE SQUAD

Why do you want to become a member of our rescue squad?

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### What Type of Membership are you interested in (select one):

EMT: Senior (48 hrs/mo) \_\_\_\_\_ or Associate (24 hrs/mo) \_\_\_\_\_

Administrative (no running calls): \_\_\_\_\_

Junior (at least 16 years old and high school student): \_\_\_\_\_

### EMPLOYMENT HISTORY (Include all jobs you had during the last three years. If needed, attach an additional page for Employer History)

Current Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been discharged, asked to resign from a job or resigned to avoid discharge? Y/N \_\_\_\_

If yes, please explain in detail:

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**MILITARY SERVICE**

Branch: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Last Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Describe service experience: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Graduation Date (mm/yy): \_\_\_\_\_ Highest Grade Level: \_\_\_\_\_

College: \_\_\_\_\_ Graduation Date (mm/yy): \_\_\_\_\_ Degree: \_\_\_\_\_

Post Graduate Education: \_\_\_\_\_

**PREVIOUS FIRE/EMS EXPERIENCE**

Are you a current or previous member of another Rescue Squad or Fire Department? Y/N \_\_\_\_

If yes, provide Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Have you ever been denied membership, had disciplinary action taken against you or been asked to resign by any Rescue Squad or Fire Department? Y/N \_\_\_\_ If yes, please explain in detail:

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**CERTIFICATIONS/TRAINING/SKILLS**

List any current or past EMS, rescue or fire training experience and certifications that you hold. Include certificates, expiration dates, and certifying state, department or agency. Please include copies of your certifications with this application.

**MEDICAL HISTORY**

Do you have any medical conditions or physical limitations that should be considered? Y/N \_\_\_\_

Are you currently receiving any special medical treatment or medications? Y/N \_\_\_\_

If yes to either question please explain in detail:

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**CRIMINAL HISTORY**

**Background checks will be done for all applicants based on their fingerprints and personal information.**

Have you ever been convicted of or charged with a felony and/or misdemeanor? Y/N \_\_\_\_

If yes please explain in detail:

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**DRIVING LICENSE INFORMATION**

**Please include a photocopy of your driver's license with this application.**

**Driving reports will be run for all Virginia drivers.**

**Out-of-state driving license holders are required to provide a copy of their out-of-state driving record with this application.**

List all prior driving related violations of laws including DUI, reckless driving, speeding, failure to obey driving rules and regulations, etc. Include charges, places and dates:

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**REFERENCES:**

Provide three references that you have known for at least two years, including if working, a current supervisor or employer and/or if in school, a teacher, counselor or principal. Family members cannot be used as references. We prefer contacting references by email so an email address is required for all references.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone No. (Indicate if H/W/C): \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone No. (Indicate if H/W/C): \_\_\_\_\_  
Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone No. (Indicate if H/W/C): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**DRUG QUESTIONNAIRE**

Are you currently chemically dependent on any illegal substances? Y/N \_\_\_\_

Have you ever used, tried or experimented with any unlawful drugs or controlled substances in any form?  
Y/N \_\_\_\_ (Just once means you should answer YES)

If Yes to either question above, please complete the following:

Drug	Yes/No	Number of Times	Date Last Used (mm/yy)
Marijuana	_____	_____	_____
Hash	_____	_____	_____
Cocaine*	_____	_____	_____
PCP	_____	_____	_____
LSD	_____	_____	_____
Heroin	_____	_____	_____
Speed**	_____	_____	_____
Steroids	_____	_____	_____
Other	_____	_____	_____

\* Including Powder or Rock/Crack Cocaine

\*\* Including Crystal Methamphetamine

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**AUTHORIZATION FOR BACKGROUND CHECK AND VA DRIVING RECORD REPORT**

For the purposes of this membership application and if accepted as a member, periodic recertification while a member of Loudoun County Volunteer Rescue Squad, I, \_\_\_\_\_ do hereby give Loudoun County Volunteer Rescue Squad permission to obtain and verify the information provided on this application, including but not limited to: an investigation of my personal history, criminal history, fingerprint check, driving record and/or employment history. I expressly consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies and other individuals and agencies duly accredited. This authorization will be valid for the entire length of my membership with Loudoun County Volunteer Rescue Squad.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**DATA FOR BACKGROUND CHECK AND VA DRIVING RECORD REPORT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Suffix (i.e., Jr, Sr, II, III etc.): \_\_\_\_\_

Race: \_\_\_\_\_ Gender (M/F): \_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

VA Driver License Number: \_\_\_\_\_

**CERTIFICATION AND AGREEMENT**

**This statement must be signed. Please read the following statement before signing.**

I hereby certify that the facts set forth in this application for membership are true and complete to the best of my knowledge and I have not intentionally omitted any information. I further certify I have not misrepresented or falsified any statements or answers to questions. If any information is found to be misrepresented, omitted or falsified, I understand that I will be disqualified from membership in the Loudoun County Volunteer Rescue Squad.

I give Loudoun County Volunteer Rescue Squad permission to obtain and verify the information provided in the application. If I am selected for membership, I will abide by the Loudoun County Volunteer Rescue Squad's constitution, bylaws, policies and procedures.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**IF APPLICANT IS UNDER 18 YEARS OLD**

**The responsibilities of a rescue squad member involve many hazardous duties, including but not limited to the following:**

- **Riding on several types of emergency response vehicles**
- **Lifting and movement of heavy objects**
- **Participating in rescue activities in an environment that could be toxic or potentially hazardous**
- **Caring and treatment of sick and injured persons on the scene and during transport to the hospital or other medical facility**

I/We, the parents/guardians of \_\_\_\_\_ give our permission for our son/daughter to participate as a member of the Loudoun County Volunteer Rescue Squad

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Phone Number of Parent/Guardian: \_\_\_\_\_