



2009-10

Membership Application Packet

*Charlottesville – Albemarle Rescue
Squad, Inc.*

Volunteers Serving the Community Since 1960





*D*ear Applicant, we are very pleased that you are considering submitting an application to volunteer at the Charlottesville-Albemarle Rescue Squad. For your reference and convenience, a Checklist of Information, including application deadlines, procedures, and requirements, is included. However, we would like to add some other information here. There are two primary types of volunteers at CARS: active members that provide patient care and rescue services and associate-support members who do not provide patient care but instead provide important logistical and administrative support.

Volunteering as an EMT or Paramedic with the Charlottesville-Albemarle Rescue Squad is probably very different from any volunteering you have ever done. Volunteering as a patient care provider with CARS takes a significant amount of time, requires uncommon dedication, and can involve significant emotional stress. We urge you to consider your application very carefully.

Our behind-the-scenes administrative, fundraising, and support volunteers are key to furthering our crucial mission. The hard work of these individuals brings in needed funding, operates a busy administrative office, and supports the logistical needs of a complex organization. Volunteering opportunities for support members can be tailored to your interests, abilities, and schedule.

We recommend that part of your consideration of the Charlottesville-Albemarle Rescue Squad include a visit to one of our stations and a ride-along. We encourage you to meet our members, look at our medical and rescue equipment, and explore our fleet and facilities. You can learn about the history and present operations of CARS online at www.carsrescue.org.

Applications are considered active for 90 days from the date of their receipt by CARS. For us to act on your application, you must attend a meeting of the Membership Committee at our McIntire Road station. This committee meets at 6:00 pm on the Sunday prior to the first Tuesday of every month.

Please do not hesitate to call or e-mail if we can be of any assistance to you with your application. Thank you for your interest in the Charlottesville-Albemarle Rescue Squad. We look forward to receiving your application.

Sincerely,

Monica Nable

Membership Committee Chair
Join@rescue1.org



Charlottesville-Albemarle Rescue Squad, Inc.

828 McIntire Road
Charlottesville, VA 22902
tel 434.296.4825
www.rescue1.org

To save life and administer first aid, to teach methods of safety and first aid to the general public and in the schools;

to serve in time of flood, fire, hurricane and famine;

to render assistance in case of accident, casualty and illness;

to instruct its members in principles and applications of life saving and first aid.

***Mission Statement
1960***

Application Information and Checklist

APPLICANTS TO CARS MUST

- ✓ Submit a fully completed and signed application. A completed application includes all supporting materials listed below. **Incomplete applications will not be considered.**
- ✓ Sign the volunteer service commitment when applying for active medical membership.
- ✓ Instruct your references to complete and return the reference form directly to us.
- ✓ Provide an **official copy** of your driver's record from the Virginia DMV or the state in which you are currently licensed with your application. The form is attached or the process may be completed online at <http://dmv.state.va.us>.
- ✓ Provide a current copy of your immunization record. The forms are attached.
- ✓ Present a photocopy of your driver's license, EMS certification, CPR card, and any other current fire/rescue/EMS certifications you possess.
- ✓ Submit your application via U.S. Mail or to the Membership Committee mailbox in a sealed envelope at the McIntire Station. Your completed application must be presented at least one week prior to the Membership Committee meeting you plan to attend.
- ✓ Attend a Membership Committee meeting on the Sunday before the first Tuesday of the month at 6:00pm. **You must attend a meeting before any action will be taken on the application.**

PLEASE DO NOT APPLY IF

- ✓ You are not certified to at least the EMT level.
 - Not applicable to some associate-support positions.
- ✓ You are unable to meet the time commitment.
- ✓ You are not at least 18 years old.



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- ✓ You are not immediately available to begin the orientation and membership process.



Typical Membership Process

- Submit a fully completed application.
- Ask your references to complete and return the reference forms **directly to us** so that they arrive prior to the membership meeting you plan to attend.
- Attend a Membership Committee meeting and applicant orientation.
- For active medical membership, complete a minimum two month period as a pre-probationary observer – typically one month each on two different crews. Complete your skills checklist. Receive satisfactory evaluations from your Crew Captains.
- Return to the Membership Committee meeting following your second month as a pre-probationary observer for consideration of promotion to a Probationary member.
- Upon approval, begin your six-month probationary member period. You will be assigned to a fixed crew, required to complete skill checklists, receive evaluations every two months from your preceptor and, under supervision, be directly responsible for patient care.
- For associate-support positions (administrative, fundraising, etc.) you need only receive an orientation before creating a training and volunteering schedule with your supervisor.

Membership Committee

The Membership Committee evaluates your application and works with you during the application process. The committee will review your progress on a regular basis. Meetings are held at the McIntire Station at 6:00pm on the Sunday before the first Tuesday of each month. Your primary contact for the application process is the Membership Committee chairperson.

Application Form

The fully completed application is due at least one week prior to the Membership Committee meeting.

Whether dropped off or mailed, your application must be in a sealed envelope. Your application should be fully completed when submitted. Your references should also be received prior to the committee meeting.



References

Your references should make their submissions directly to CARS at the mailing address shown on the following page. **Use persons for references that you have known at least one year. Do not use family members. You may use only one CARS member as a reference.** Reference responses must arrive prior to the date of the Membership Committee meeting you plan to attend.

Types of Membership

Active Medical Membership: Active medical members provide direct patient care and rescue services. They are required to serve a minimum of one duty shift per week on an assigned crew. Released members from other EMS organizations may qualify for modified schedules as an associate-medical member.

Associate Medical: New applicants for associate-medical must be full/released members with another transport EMS agency.

Associate-Support: Associate support members may apply for membership based on their area(s) of interest. Available types of associate support membership include special operations teams (technical, water, and vehicle rescue), practitioner (MD, RN, etc), driver, and administrative (office support, fundraising, vehicle maintenance, station upkeep, logistics and supply). Administrative volunteers will find many opportunities tailored to their interests, abilities, qualifications, and schedule. Members will fulfill the training and participation requirements of their specific area. Support members participate as needed or required by their respective supervisor.

Correspondence Address

Charlottesville-Albemarle Rescue Squad
Membership Committee • 828 McIntire Road • Charlottesville, Virginia 22902
membership@rescue1.org



Active Membership Volunteer Service Commitment

I _____, on my honor, hereby commit to:
(Print Full Name Here)

- ✓ Provide volunteer service a minimum of one duty shift (at least 12 hours) per week on a crew assigned by the agency. I will provide service including nights, weekends, holidays, and summer vacation periods that the crew is responsible for providing coverage.
- ✓ Provide a minimum of 24 consecutive months of service including weekends, summers, and holidays.
- ✓ Attend monthly business and continuing education meetings.
- ✓ Maintain EMS certification and complete all required skills drills.
- ✓ Comply with the by-laws of the corporation, squad policies and procedures, and the direction of the Officers.
- ✓ Maintain patient confidentiality.

I understand membership in the Charlottesville-Albemarle Rescue Squad is at-will and may be terminated at any time with or without cause by the Board of Directors.

Signature of Applicant

Date



APPLICATION FOR MEMBERSHIP

The Charlottesville-Albemarle Rescue Squad, Inc. does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

I am applying as:

- | | |
|---|--|
| <input type="checkbox"/> ACTIVE MEDICAL | <input type="checkbox"/> ASSOCIATE MEDICAL |
| <input type="checkbox"/> ASSOCIATE-DRIVER | <input type="checkbox"/> ASSOCIATE-SUPPORT _____ |

Please Specify Category

PERSONAL DATA

LEGAL NAME: _____ PREFER TO BE CALLED: _____
Last First Middle (Complete)

PERMANENT HOME ADDRESS: _____
Number and Street

City County State ZIP

LOCAL ADDRESS: _____
Number and Street City

_____ HOW LONG HAVE YOU BEEN A RESIDENT OF THE CHARLOTTESVILLE AREA: _____
State ZIP

TELEPHONE NUMBER FOR MAILING ADDRESS: _____ PERMANENT HOME TELEPHONE: _____

DAYTIME TELEPHONE: _____ MOBILE TELEPHONE: _____

E-MAIL ADDRESS: _____ ARE YOU 18 OR MORE YEARS OF AGE? _____

EMS CERTIFICATIONS *(If applying for active membership, a copy of all certifications must be attached)*

TYPE OF CERTIFICATION HELD: _____ EXPIRATION DATE: _____

VIRGINIA CERTIFICATION NUMBER: _____ NATIONAL REGISTRY NUMBER: _____

EMT CLASS AND ALS CLASS INSTRUCTOR(S): _____

PLEASE LIST ANY EMS/RESCUE/FIRE RELATED SKILLS, CERTIFICATION, OR PROFESSIONAL MEMBERSHIPS THAT YOU HAVE:

You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

HAVE YOU EVER BEEN AN APPLICANT TO OR MEMBER OF ANY FIRE OR RESCUE AGENCY? ____ Yes ____ No

IF SO, PLEASE STATE AGENCY NAME(S), LOCATION(S), AND DATE(S) OF APPLICATION AND/OR MEMBERSHIP: _____



DATES OF EMPLOYMENT: FROM _____ TO _____ POSITION: _____
MONTH/YEAR MONTH/YEAR
 EMPLOYER: _____ DEPARTMENT: _____
 ADDRESS: _____ TELEPHONE: _____
 SUPERVISOR: _____ WEEKLY HOURS: _____ FULL TIME: _____ PART TIME: _____
 DUTIES: _____
 REASON FOR LEAVING: _____

DATES OF EMPLOYMENT: FROM _____ TO _____ POSITION: _____
MONTH/YEAR MONTH/YEAR
 EMPLOYER: _____ DEPARTMENT: _____
 ADDRESS: _____ TELEPHONE: _____
 SUPERVISOR: _____ WEEKLY HOURS: _____ FULL TIME: _____ PART TIME: _____
 DUTIES: _____
 REASON FOR LEAVING: _____

If you wish to describe additional work experience, please attach additional pages. Please explain any gaps in work history.

HAVE YOU EVER BEEN DISCHARGED, RESIGNED FROM A JOB (INCLUDING A VOLUNTEER FIRE OR RESCUE AGENCY) , OR ASKED TO RESIGN TO AVOID TERMINATION?
 ____ YES ____ NO

IF YES, PLEASE EXPLAIN. _____

REFERENCES

Please list those to whom you have given reference forms. DO NOT use family members, more than one reference from a C-ARS member, nor references from persons that have known you less than one year.

NAME: _____ PHONE: _____
 ADDRESS: _____
STREET NUMBER CITY STATE ZIP

NAME: _____ PHONE: _____
 ADDRESS: _____
STREET NUMBER CITY STATE ZIP

NAME: _____ PHONE: _____
 ADDRESS: _____
STREET NUMBER CITY STATE ZIP



APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Charlottesville-Albemarle Rescue Squad, Inc., and its Officers to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers and past employers, and current or former fire and rescue agencies, and to rely on and use such information as they see fit. I hereby release the Charlottesville-Albemarle Rescue Squad, Inc., its Officers, Directors, and assigns from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of the Charlottesville-Albemarle Rescue Squad, Inc.

I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of time of discovery, shall be considered sufficient basis for dismissal.

I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of the Squad. I further understand, however, that **neither the policies, rules, regulations of membership nor anything said during the application and interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and is at-will and that either I or the Squad may terminate my membership at any time with or without notice or cause.**

I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by the Membership Committee, Clinical Review and Training Committee, and / or the Board of Directors.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

This application is valid for 90 days from the date received. If not acted upon within 90 days you must submit an updated application.



APPLICATION REFERENCE FOR _____

Print Applicant's Full Name

INTRODUCTION: The above named applicant has applied to volunteer with the Charlottesville-Albemarle Rescue Squad (CARS). As the busiest all-volunteer Rescue Squad in America, CARS provides emergency medical services, patient transportation, and specialized rescue services to the City of Charlottesville, the University of Virginia, and most of Albemarle County, Virginia. Members must be of impeccable moral character, reliable, trustworthy, and able to function as part of a team. They must be able to work within the command structure of the organization under stressful and sometimes hazardous conditions.

YOU ARE NOT REQUIRED TO BE A REFERENCE. If you choose to act as a reference, the information you provide may be relied upon by the Rescue Squad, its Officers, and its Board of Directors in making a determination on the prospective member's application. Your full and candid response is appreciated. **This form should be returned directly to CARS in the stamped envelope provided by the applicant.**

TO THE APPLICANT: *Please complete Part I of this form and then give it to someone who knows you well and can provide an accurate and full account of your abilities, accomplishments, and personal qualities. Please provide the recommender with this form and a stamped envelope addressed to Membership Committee, Charlottesville-Albemarle Rescue Squad, 828 McIntire Road, Charlottesville, VA 22902.*

PART I (to be completed by applicant)

NAME: _____
Last First Middle

PERMANENT HOME ADDRESS: _____
Number and Street

City State ZIP Code

I hereby authorize the below reference to provide the requested background and personal information to the Charlottesville-Albemarle Rescue Squad, its Officers, and its Board of Directors. I acknowledge that this completed reference is the property of the Charlottesville-Albemarle Rescue Squad and I have no right to see the completed reference or any other part of my application or membership file.

Applicant's Signature Date

PART II (to be completed by reference)

NAME: _____ OCCUPATION: _____
Last First Middle

ADDRESS: _____
Number and Street

City State ZIP Code

How long and in what capacity have you known the applicant?

How frequently do you have contact with the applicant? _____

Do you know other persons who are acquainted with the applicant? _____



Please complete these ratings, bearing in mind that they are used to compare this applicant to other highly capable applicants.

Unable To Judge		Below Average	Average	Good (Top 10%)	Outstanding (Top 3%)	One of the Best Encountered In My Career
	Integrity					
	Intellectual Curiosity					
	Motivation/Initiative					
	Self-Confidence					
	Community Respect					
	Warmth of Personality					
	Leadership					
	Reliability					
	Trustworthiness					
	Interpersonal Skills					
	Ability to Maintain Confidential Information					
	Ability to Maintain Calm Under Stress					
	Reaction to Criticism					

Do you wish to elaborate on any of these ratings? _____

Please offer any additional comments concerning this applicant's ability, character, and suitability for membership in the Charlottesville-Albemarle Rescue Squad. (For example, alcohol or drug concerns, psychological instability concerns, incidents of violence or aggression towards coworkers, supervisors, family, etc) We will be pleased to receive an attached letter if you wish. We sincerely appreciate your assistance in our membership process.



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Communicable Disease Health History

Name: _____

This information is confidential. Please seal in a sealed envelope separate from you application.

<u>Disease</u>	<u>Date of Illness</u>
Measles (Rubeola)	_____
Measles (Rubella)	_____
Mumps	_____
Chickenpox	_____
Hepatitis	_____ Type _____
Tuberculosis	_____ Type _____
Meningitis	_____ Type _____
Malaria	_____ Type _____
HIV infection	_____

Allergies:

Medications _____

Latex _____

Immunization Record

Confidential

Name: _____

Immunization/Vaccine

Date of Administration

Hepatitis B Vaccine _____

Antibody Titer **Result** _____

Measles, Mumps, Rubella _____

TB Skin Test **Result** _____

Tetanus/Diphtheria _____

Chickenpox Vaccine _____

Flu Vaccine _____