2004

Membership Application Packet

Charlottesville – Albemarle Rescue Squad, Inc.

Volunteers Serving the Community Since 1960

CARS All Volunteer, All the Time
Dear 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.rescue1.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,

Korin McGee, MD, ATC, NREMT-P
Membership Committee Chair
membership@rescue1.org

David L. Starmer
President
president@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.
✓ 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. These may be requested online at http://dmv.state.va.us.
✓ Provide a current copy of your immunization record.
✓ 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, preferably 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.
✓ 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.

• 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 chair.

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. You may use only one CARS member as a reference.

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:

- [ ] ACTIVE MEDICAL
- [ ] ASSOCIATE MEDICAL
- [ ] ASSOCIATE-DRIVER
- [ ] ASSOCIATE-SUPPORT

Please Specify Category

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<th>PERSONAL DATA</th>
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<td>LEGAL NAME: ___________________________________________ PREFER TO BE CALLED: __________________________</td>
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<td>Last</td>
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<td>PERMANENT HOME ADDRESS: ____________________________________________________________</td>
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<td>LOCAL ADDRESS: ____________________________________________________________</td>
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<td>HOW LONG HAVE YOU BEEN A RESIDENT OF THE CHARLOTTESVILLE AREA: ____________________</td>
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<td>TELEPHONE NUMBER FOR MAILING ADDRESS: __________________________ PERMANENT HOME TELEPHONE: __________________________</td>
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<td>DAYTIME TELEPHONE: __________________________ MOBILE TELEPHONE: __________________________</td>
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<td>E-MAIL ADDRESS: __________________________ ARE YOU 18 OR MORE YEARS OF AGE? ______</td>
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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: __________________________ |
| PROFESSIONAL MEMBERSHIPS: __________________________ |
| 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: __________________________ |
RECORD OF CONVICTION

Have you ever been convicted of a crime other than a minor traffic offense? _____Yes _____No

List any criminal charges that have been brought against you, except those that have resulted in a finding of not guilty or a complete dismissal. (Please use a separate sheet.)

A conviction will not necessarily automatically disqualify you for membership. Rather, factors such as age, date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

EDUCATIONAL DATA

High School:  Years Completed (Circle One)  1  2  3  4  Diploma: _____Yes _____No  GED: _____Yes _____No
School: ___________________________________________________ City/State: _____________________________________________

University/Vocational School:  Years Completed (Circle One)  1  2  3  4  Degrees Earned: _______________________________________
School: ___________________________________________________ City/State: _____________________________________________

Other Training or Degrees:
School: ___________________________________________________ City/State: _____________________________________________

Course(s): ___________________________________________________________________________________________________________

EDUCATIONAL SUPPLEMENT (for current students only)

School you attend now: ___________________________________________ Expected Date of Graduation: ____________________
Area of Academic Concentration / Major: ________________________________
Degree Goal: _________________________________________________________
Possible Career / Post Graduation Plans: _________________________________
Summer Term Plans: ___________________________________________________

EMPLOYMENT INFORMATION (list last employer first, including military service)

Dates of Employment: From___________ To___________ Position: __________________________
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: ________________________________________________________

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, OR ASKED TO RESIGN TO AVOID TERMINATION? _____YES _____NO

If yes, please explain. _______________________________________________________________________________________________

REFERENCES

Please list those to whom you have given reference forms.

NAME: ___________________________________________________________________ PHONE: ____________________________________
ADDRESS: ____________________________________________________________________________________________________________
STREET NUMBER          CITY     STATE   ZIP

NAME: ___________________________________________________________________ PHONE: ____________________________________
ADDRESS: ____________________________________________________________________________________________________________
STREET NUMBER          CITY     STATE   ZIP

NAME: ___________________________________________________________________ PHONE: ____________________________________
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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, OR ASKED TO RESIGN TO AVOID TERMINATION? _____YES _____NO

If yes, please explain. _______________________________________________________________________________________________
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 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: __________________________________________________________________________
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?_______________________________________________________________

_____________________________________________________     ______________________________________

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

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Do you wish to elaborate on any of these ratings?
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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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1/3
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 reliable, trustworthy, possess impeccable moral character, and be 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.

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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.

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PART I (to be completed by applicant)

NAME:__________________________________________ Last First Middle

PERMANENT HOME ADDRESS:______________________________ Number and Street

City State ZIP Code

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__________________________________     ______________________________________
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?_______________________________________________________________

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