

LONDONDERRY VOLUNTEER RESCUE SQUAD
P.O. Box 911
LONDONDERRY, VERMONT 05148-0911
APPLICATION FOR MEMBERSHIP

REQUIREMENTS FOR MEMBERSHIP:

1. Must be a minimum of 16 years old for junior member and 18 years old for other memberships.
2. Must hold a minimum of a current CPR card, and current Vermont ECA or EMT designation.
3. Must have a personal interview with the LVRS Membership Committee.
4. Must be voted on and approved by 51% of votes cast at a business meeting.

RESPONSIBILITIES OF APPROVED APPLICANTS:

1. Junior and full member applicants enter a six-month probationary period.
2. Learn the Bylaws and Service Rules of the Rescue Squad.
3. Become familiar with all equipment and complete appropriate checklists.
4. Attend a minimum of four regular business meetings and four training sessions each year.

MEMBERSHIP STATUS (MARK ONE):

- SPONSORED
 JUNIOR* (must have parents approval)
 ASSOCIATE (currently with another squad)
 FULL
 NON-EMS DRIVER

STATEMENT OF UNDERSTANDING

The information herein is for the sole and express use of the Londonderry Volunteer Rescue Squad. I authorize investigation of all statements contained in this application. I understand that omission and misrepresentation of facts called for is cause for denial of membership or grounds for dismissal without recourse. I also understand that if I am accepted as a member of the Squad, it will be on a probationary basis, for a minimum of six months.

I hereby grant permission to LVRS to conduct a background check and contact my references in connection with my application for membership.

Signature of Applicant

Date

*Signature of Parent or Guardian if Applicant is under 18 years of age

Date

RETURN APPLICATIONS TO:

LVRS Membership Committee, P.O. Box 911, Londonderry, VT 05148-0911

Application for LVRS Membership

Personal Information Today's Date: _____

Name: _____ DOB: _____ Occupation: _____

Mailing Address: _____

Legal Address: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Current Employer Name and Address: _____

_____ How Long Employed? _____

Previous Employer(s) Name and Address: _____

May we contact your current and/or former employer? _____

Driving Information

Do you hold a current and valid Driver's License? _____ Please provide a copy.

Driver's License - ID Number and State Issued: _____

Training/Certification Information

Where Taken

Expiration Date

License/Certification #

CPR: _____

EMR: _____

EMT: _____

AEMT: _____

If you have had any previous EMS/fire/rescue experience, please list the organizations, dates of service, and contact person including a telephone number. Additional space is on the back of this page, if needed.

_____ Phone: _____

_____ Phone: _____

References

Please list below the name and telephone number for three persons (not related to you and with whom you do not live) that you have known at least one year. These references should NOT include current or past LVRS members.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Do you have additional references from EMS/fire/rescue services (including current or past LVRS members) that you would like us to contact?

1. _____ Phone: _____

2. _____ Phone: _____

Applicants for Junior Membership MUST include a school counselor or advisor as a reference.

1. _____ Phone: _____

Additional information:

SIGNATURE PAGE

CANDIDATE: Please answer the following questions

(CIRCLE ONE)

YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs? {EMS Rules 11.1602}

If yes, please explain: _____

YES NO Have you ever been convicted of a crime or crimes (misdemeanor or felony)? {EMS Rules 11.14} If yes, have you previously disclosed your crime conviction or convictions to the EMS Office? YES NO If yes, date disclosed _____

If no, please explain: _____

YES NO Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere?

{EMS Rule 11.16} If yes, please explain: _____

YES NO Are you free of obligation to pay child support or in good standing with respect to or in full compliance with a plan to pay any and all child support ?{15 V.S.A. Section 795} If no, please explain: _____

YES NO Are you in good standing with respect to or in full compliance with a plan to pay any and all taxes due? {32 V.S.A. Section 3113}

If no, please explain: _____

YES NO Are you free of obligation to pay unemployment compensation contributions or in good standing with respect to or in full compliance with a plan to pay any and all unemployment compensation contributions? {21 V.S.A. Section 1378}

If no, please explain: _____

NOTE: These questions are required for EMS certification by the Vermont Department of Health. Neither the Department of Health nor LVRS will automatically disqualify applicants based solely upon their answers, but may request additional information. Contact LVRS if you are unsure how to answer these questions.

I attest the information contained in this (re)certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding (re)certification and (re)certification examinations contained in this application. Alteration of this document does not relieve me of any duty described in the Department approved version of this form.

Applicant's Signature

Today's Date

Membership Committee Use ONLY

Application for Sponsored/Junior/Full/Associate/Non-EMS Driver (circle one)

Application Received ___/___/___ Candidate Interviewed ___/___/___ Committee Review ___/___/___

Probationary Period (Circle One) Standard Alternative Assigned to Team 1 2 3 4 5 6

Probationary Period (approved/rejected) Begin ___/___/___ End ___/___/___ Voted in By Membership ___/___/___

Application for Sponsored/Junior/Full/Associate/Non-EMS Driver (circle one)

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Probationary Period (approved/rejected) Begin ___/___/___ End ___/___/___ Voted in By Membership ___/___/___

Mentor (Name) _____ Date Assigned: _____ Team Leader: _____

Notes: _____
