



MATTAPONI VOLUNTEER RESCUE SQUAD

6089 CANTERBURY ROAD, WALKERTON, VA 23177
PHONE 804-769-9455 E-MAIL MVRINFO@GMAIL.COM

MEMBER APPLICATION

Dear Applicant:

Mattaponi Volunteer Rescue Squad is an **all-volunteer organization** that was established to meet the needs of the community by providing emergency medical services.

Over the years, we have proudly provided emergency medical services in King William and King and Queen County. Most of us started out with just being an interested community member that wanted to make a difference. Some join and become support staff that help with fundraisers or other special events while others join and become Drivers or Emergency Medical Technicians (EMT). Whatever your interest is, we have a place for you.

Again, we appreciate your interest in Mattaponi Volunteer Rescue Squad. Please see the reverse side for instructions on completing your application along with contact information should you have any questions or concerns.

Sincerely,

Mattaponi Vol. Rescue Squad

****INSTRUCTIONS****

FORM	DIRECTIONS
Member Application	Complete front and back Sign, date, and return <u>Types of membership:</u> <i>Junior: 16 &17 yrs. of age</i> <i>Associate: Serves on squad (even as observer)</i> <i>Support: Serves with fundraisers, special events</i>
Driving Record Transcript	Complete Sign, date and return
Fingerprint Card	You can have your fingerprints completed at either King William County Sheriff's Officer or King and Queen County Sheriff's Office. It is best to call in advance to minimize your wait time. <i>You should have received a fingerprint card with the application, if not please let us know.</i>
Sheriff's Office Phone Numbers	King and Queen County (804) 769-0999 King William County (804) 785-7400
If you have questions and need assistance in completing these steps, please feel free to contact Mattaponi Vol. Rescue Squad's Recruitment Officer.	
RECRUITMENT OFFICER	<u>Tammy Mason</u> (804) 937-0764 Tammymason1970@outlook.com
GENERAL INFO	mvrsinfo@gmail.com

PLEASE KEEP FOR YOUR RECORDS.

We look forward to YOU joining OUR team!

THANK YOU

MATTAPONI VOLUNTEER RESCUE SQUAD

Applicant Information

required

1. Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

2. What type of volunteering opportunity interest you?

ADMINISTRATIVE GENERAL JUNIOR
(16/17yrs old)
 (Circle all that apply)

3. What type of services are you willing to volunteer?

SUPPORT STAFF DRIVER EMS PROVIDER

4. What times are you willing to volunteer?
 (i.e. 4hr, 8hr, 12hr, 24hr shifts or specific events)
Write the times you may be available

SUN	MON	TUES	WED	THUR	FRI	SAT

5. Have you ever volunteered with Mattaponi Vol. Rescue Squad? YES NO

If yes, when? _____

6. Have you ever been convicted of a felony? YES NO

If yes, when? _____

Education and Certifications

required

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

Do you have any of the following certifications? Interested?

CERTIFICATION	YES	NO	INTERESTED IN CERTIFICATION	IF YOU ANSWERED YES, PLEASE PROVIDE THE FOLLOWING INFORMATION	EXPIRATION DATE	ATTACHED COPY	
CPR							
EVOC							
EMT							
(ALS)							

Professional References

required

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____

Current Employment*if applicable*

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Previous Emergency Medical Services Experience*if applicable*

Organization: _____

Phone: _____

Address: _____

Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this organization for a reference?

YES
NO
Military Service*optional*

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature*required****I certify that my answers are true and complete to the best of my knowledge.******If this application leads to membership, I understand that false or misleading information in my application may result in my release. I understand this application for membership does not guarantee me to be accepted as a member and that the application will be presented to the Mattaponi Volunteer Rescue Squad Board of Directors for approval.******Upon acceptance as a member, I understand any equipment (i.e. including but not limited to pagers, radios, and shirts) that is provided by Mattaponi Volunteer Rescue Squad to fulfil my duties as a volunteer must be returned upon my separation or I will be financially responsible for the cost associated with replacing such equipment.***

Signature: _____

Date: _____



**KING AND QUEEN COUNTY, VIRGINIA
Fire and Rescue Departments
EMPLOYEE DRIVING RECORD TRANSCRIPTS
AUTHORIZATION FORM**

Pursuant to the Virginia Privacy Protection Act of 1976, you are hereby notified that you are not legally required to provide the information requested on this form. However, unless you provide the information requested on this form you will not be allowed to operate any vehicle insured under a County Emergency Services Insurance Policy. If your agency requires you to drive a Volunteer Owned vehicle, a County Owned vehicle or your personal vehicles on behalf of the County in response to emergency calls, and you are not allowed to operate a vehicle on behalf of the County because of your failure to provide this information. The information you provide on this form will not be provided to any entity outside of the King and Queen County Government, except that the information will be provided to the Virginia Department of Motor Vehicles in order to obtain information about our driving record.

Name: _____

State Issuing Driver's License: _____

Date of Birth: _____

Driver's License Number: _____

I currently have a valid driver's license Yes No Don't Know

I currently have less than six (6) demerits * Yes No Don't Know

I am unaware of any medical condition that would impede my ability to operate a vehicle Yes No Don't Know

Agency: Emergency Services Department

Agency Contact Person: Greg Hunter

Phone Number: 804-785-5975

I, _____ hereby certify that all information contained herein is true and correct I further understand that, knowingly making false statements or misrepresentations on this form is grounds for discipline or dismissal by my volunteer agency. I hereby authorize King and Queen County to obtain a transcript of my driving record from the Division of Motor Vehicles (DMV) for verification of the above information, annually throughout my membership with the agency or whenever the Volunteer Agency Head, Emergency Services Coordinator or their designated representative deems appropriate.

Signature: _____

Date: _____

Witnessed By: _____

Date: _____

* This is the threshold in Virginia
ES-110 (7/13)