



Membership Application Packet

*"Volunteers Proudly Serving
the Community Since 1954"*



Serving the Citizens of Chesterfield County, Since 1954

Station 1 – 3500 Courthouse Road – 804-276-4344

Station 2 – 7810 Winterpock Road – 804-639-7911

Dear Applicant,

We are very pleased you are considering joining the Manchester Volunteer Rescue Squad. This membership packet has a lot of information which we feel will help you decide if you wish to further pursue this interest.

After receiving your completed application you will be assigned to a night duty crew and will ride with the same crew each week. You will be required to be on duty at one of our two stations, either the Courthouse Road or Winterpock Road stations. Your duty will be every sixth night from 6pm until 6am the following morning. Every sixth and seventh week, from 6pm Saturday night to 6pm Sunday night and, the following weekend from 6pm Friday night to 6pm Saturday night. Excused absences from duty are illness, family death, vacation, work, or class scheduled during your duty hours. Your duty hour requirements will range between 24 hours for associate membership to 84 hours for active membership. High School students may only ride until 10pm on weeknights, except during the summer months and school year holidays. College students may apply for student leave while away at school, relieving the student of riding requirements, except during breaks and summer vacation.

After voted into membership you must be enrolled in an EMT (Emergency Medical Technician) course within six months. This class is approximately 120 hours in length and classes are available through the Chesterfield County Fire and EMS Department, the community college system, and various other area rescue squad organizations. Additional courses are required to be able to drive the organization's ambulances. The Virginia state EMT certification is valid for four years and continuing education classes are available to assist in recertification. CPR Healthcare Provider certification is also required and must be renewed every two years. Other courses are available for those wishing to further their certifications to the Intermediate and Paramedic level.

If you feel that you can commit to the amount of time required for duty hours and training, and would like to pursue membership, please fill out the attached application. Follow the directions enclosed and one of our Membership Committee members will contact you with a crew assignment and date for you to report for your first duty. You will "ride along" for at least 4 weeks, during which time you will make a final decision on your wish to pursue membership. Once your four "ride alongs" are complete you will be scheduled for an interview with the Membership Committee. Your name and information will be brought to the Membership or Board of Directors for membership approval. As a member of Manchester Volunteer Rescue Squad you will be subject to mandatory random drug and alcohol testing.

Again we would like to thank you for your interest and look forward to meeting you soon. Without committed volunteers our organization would not exist. We take pride in our members and are proud to say we have been serving the community since 1954.

Sincerely,

Chris G. Snyder
Chief of Operations

Sincerely,

Audra N. Smith
Membership Committee Chair



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Application Information and Checklist

APPLICANTS TO THE MANCHESTER VOLUNTEER RESCUE SQUAD MUST

- Submit a fully completed and signed application. A completed application includes all supporting materials.
- Sign the volunteer service commitment when applying for active membership.
- Provide a copy of your EMS certifications, CPR card and any other current Fire/Rescue/EMS certifications you possess.
- Submit your application by mail or in person to the Courthouse Road station.
- Attend a Membership Committee interview prior to the meeting where application will be voted on. You must attend the interview before any action will be taken on the application.

PLEASE DO NOT APPLY IF

- You are unable to meet the required time commitment.
- You are not at least 16 years old.
- You are not immediately available to begin the orientation and membership process.
- Lifting weight and working under stressful conditions will compromise your physical and mental well-being.



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Typical Membership Process

- Submit a fully completed application.
- Complete a minimum of four complete tours of duty in a ride along status.
- Attend a Membership Committee Interview.
- Upon approval, begin your 6-month probationary member period. You will be assigned to a fixed crew, required to complete a field internship, and under supervision, be directly responsible for patient care.

Membership Committee

The Membership Committee evaluates your application and works with you during the application process. The committee will review your process on a regular basis. The interviews are typically held a few days before the meeting where your application will be voted on. Your primary contact for the application process is the Membership Committee chair.

References

Each application requires 3 references. Use persons for references that you have known at least one year. You may use only one Manchester Volunteer Rescue Squad member as a reference.

Types of Membership

Active Membership: Active 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. Junior members are members between the ages of 16 and 18.

Associate Riding Membership: Associate Riding members provide direct patient care and rescue services. They are required to serve a minimum of 24 hours of duty a month on an individual sign up basis.

Financial Assistance Committee: FAC members assist in the fund-raising for the organization. These members also volunteer their time in other areas of the organization; however do not participate in active riding duty.

Correspondence Address

Manchester Volunteer Rescue Squad

Membership Committee – 3500 Courthouse Road – North Chesterfield, Virginia 23236

membership@mvr.org



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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 months of consecutive service including weekends, summers, and holidays.
- Attend quarterly business meetings.
- Maintain EMS certifications and complete all required mandatory training sessions.
- Comply with the Bylaws and Policies and Procedures of the organization, and the direction of all officers.
- Maintain patient confidentiality.

I understand membership in the Manchester Volunteer Rescue Squad is at will and may be terminated at any time by the Board of Directors and/or the Membership body.

Signature of Applicant

Date



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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, which 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: Year Completed: 1 2 3 4 / Diploma: ____ Yes ____ No / GED: ____ Yes ____ No

School: _____ City/State: _____

University/Vocational School: Years Completed: 1 2 3 4 Degrees Earned: _____

School: _____ City/State: _____

Major(s): _____

EDUCATIONAL SUPPLEMENT (for current students only)

School you attend now: _____ Expected date of graduation: _____

Area of Academic Concentration/Major: _____

Possible Career/Post Graduation Plans: _____

EMPLOYMENT INFORMATION (current employer)

Position: _____

Employer: _____ Department: _____

Address: _____ Telephone: _____

Supervisor: _____ Weekly Hours: _____ Full Time: ____ Part Time: ____

Duties: _____



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REFERENCES (only one MVRS Member can be used)

Name: _____ Phone: _____

Address: _____
Street Number City State Zip

Name: _____ Phone: _____

Address: _____
Street Number City State Zip

Name: _____ Phone: _____

Address: _____
Street Number City State Zip



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APPLICANTS CERTIFICATION AND AGREEMENT/LIABILITY RELEASE

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 Manchester Volunteer Rescue Squad and its Officer's to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers, and to reply on and use such information as they see fit. I hereby release the Manchester Volunteer Rescue Squad, its Officer's, Directors, and Members from any and all liability of whatever kind and nature, which, at any time, could result from obtaining and have a membership decision based on such information. This application and all information is the property of the Manchester Volunteer Rescue Squad.

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 organization. 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 the organization or I may terminate my membership at any time.

I understand that if I am offered membership, membership is conditioned upon my providing other information to the Membership Committee, Training Officer, and/or the Board of Directors.

I understand and agree to, and do hereby waive any and all claims against the Manchester Volunteer Rescue Squad, County of Chesterfield, Chesterfield County Fire Department, or the members with whom I ride, for any injury or accident occurring to me while on the organization's apparatus. This waiver shall be and is binding upon my heirs, my personal representatives and myself.

Printed Name of Applicant: _____

Signature of Applicant: _____

Signature of Parent/Legal Guardian (if under 18yrs old): _____

Date: _____



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**CONFIDENTIALITY STATEMENT FOR
MEMBERS, EXTERNAL INTERNS, STUDENTS, OR OBSERVERS**

I, _____, have been informed and understand that in the capacity of a student, intern, or observer, working in conjunction with the Manchester Volunteer Rescue Squad (MVRS), I will have access to and be involved in the processing of confidential patient data, including protected health information (PHI). I understand that I am obliged to maintain the confidentiality of this data at all times, both on and off duty. I understand that I am not to disclose any information to any person except as allowed by state and federal law. I understand that a violation of these confidentiality requirements is a violation of state and federal law. Violations may result in the loss of the privilege of working with MVRS.

I specifically agree with the following requirements:

- I will safeguard all personal health information in any form to which I have access during my tour of duty. This includes, but is not limited to, written, verbal, radio transmitted, electronic, and photographic PHI.
- I will avoid any action that will provide PHI to any unauthorized individual or agency.
- I will not make copies of any patient records or data except as authorized by the supervisor of the unit to which I am assigned.
- I will not remove any patient records from MVRS premises except if authorized.
- I will not discuss in any manner, with any unauthorized person, information that would lead to the identification of individuals described in patient records.
- If I observe unauthorized access or disclosure of confidential records or data to other persons, I will report it immediately to the Crew Leader on duty in the station to which I am assigned.

I certify by my signature below that I have read and will abide by these procedures regarding confidentiality.

Signature

Date



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**MANCHESTER VOLUNTEER RESCUE SQUAD
ACKNOWLEDGEMENT OF CONDITIONS OF ALCOHOL AND
SUBSTANCE ABUSE POLICY # 1-27**

I acknowledge that it is policy of the Manchester Volunteer Rescue Squad that members are subject to random testing for Drugs and Alcohol. This is done in compliance with Manchester SOP 1-27, which can be found in the organization's SOP manual. By signing this acknowledgement, I understand that my name will be entered for random testing.

Name (print): _____

Signature: _____

Last 4 of Social Security #: _____

Date: _____

DEPARTMENT OF MOTOR VEHICLES
REQUEST FOR DRIVING RECORD TRANSCRIPT
AND CONTINUOUS MONITORING PROGRAM
FOR VOLUNTEER PERSONNEL

DATE: _____

DRIVERS NAME: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

DEPARTMENT or ORGANIZATION: _____

I am a volunteer with the above named organization. I have applied for responsibility that involves, or could involve, the operation of a motor vehicle.

I authorize the Department of Motor Vehicles to furnish a copy of my driver record in accordance with Section 46.2-208 of the Code of Virginia to CHESTERFIELD COUNTY FIRE & EMS.

This will include continuous monitoring and automatic notification of driving convictions, suspensions, or revocations of licenses.

SIGNATURE: _____

Review dates: _____



Manchester Volunteer Rescue Squad New Member Medical Clearance Form

I hereby approve _____ (Patients Name) to perform as an active riding member at Manchester Volunteer Rescue Squad, effective _____ thru _____.

Date Date (if applicable)

By authorizing the above patient to perform, as an active riding member, I consider him/her to be both physically and psychologically capable of performing the duties of an Emergency Medical Technician. I understand the following:

1. He/she may be required to assist in the lifting of patients, who may weigh in excess of 200lbs, may be needed to carry or assist in carrying various forms of equipment (to include equipment bags weighing approximately 40lbs and various patient transport devices which may weigh up to 80lbs repeatedly during the course of an emergency call).
2. An Active riding member may also be subject to various other forms of physical exertion such as assisting in the restraint of violent patients. Gaining access to and treating patients may require the member to negotiate rough, unstable terrain and accident scenes with inherent slip and trip hazards such as numerous fire hoses, various fluids and equipment as well as a large number of vehicles, both emergency response and those involved in the accident. Gaining access to patients may also require the member to climb over, under or through various obstacles. The member may be exposed to extreme climatic conditions for extended periods of time.
3. Beyond the primary physical requirements, active riding members also transport and administer care to patients with a wide variety of communicable diseases, which may or may not be reported to the member.
4. In the course of providing care, many psychological stresses are encountered. The nature of a call may require the member to examine and treat injuries involving substantial bone and/or tissue damage with accompanying blood loss. The member may encounter scenes of violent death. Members may be required to administer care to children, family member or personal friends. In some cases, the nature of an emergency call may be psychological (i.e. persons with psychiatric disturbances, attempted suicides). In addition to treating the patient, the member may be required to provide immediate psychological support to relatives and/or friends of the patient.

Physician's Printed Name: _____ Date: _____

Physician's Signature: _____

CHESTERFIELD COUNTY CRIMINAL RECORD CHECK RELEASE OF INFORMATION



**PLEASE PRINT
CLEARLY**
FILL OUT ALL APPLICABLE
INFORMATION

USE THIS FORM FOR:

- CO-SPONSORED COACHES
- FIRE/EMS VOLUNTEERS
- COUNTY VOLUNTEERS
- PROSPECTIVE COUNTY EMPLOYEES
- COUNTY EMPLOYMENT
- SOCIAL SERVICE APPLICANTS
- SOLICITOR/PERMITS

TO WHOM IT MAY CONCERN:

I, the applicant, hereby authorize Chesterfield County to obtain records related to me, if any, from criminal justice agencies. I understand that the information released is for "OFFICIAL USE" by Chesterfield County for the sole purpose of determining my eligibility to: volunteer, be employed, be promoted or transferred, or for Social Services application and may be disclosed to other persons only as necessary to determine my eligibility. I understand that failure to provide all or part of the information may result in my disqualification for volunteerism, employment and or application considerations with Social Services. This release shall be effective on the date of its execution and will expire upon completion of my criminal record check.

Applicant's Signature

Today's Date

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APPLICANT'S REQUEST	
COACHING	The Name of Your Co-Sponsored League Or Association
	Coaches Card Renewal Your Current Card Number
FIRE/EMS VOLUNTEER Fire Station # or Rescue Squad	
COUNTY EMPLOYMENT Employee: Position or Promotion	
Social Services Request <input type="checkbox"/>	Other.. <input type="checkbox"/> Please Specify

APPLICANT'S PERSONAL INFORMATION	
Last Name (With Suffix)	
First Name	
Full Middle Name	
Maiden Name	
Social Security Number	
Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Race	
Height	<i>'Feet</i> <i>"Inches</i>
Weight	<i>Pounds</i>
Eye Color	
Hair Color	
Date of Birth	
STATE OF BIRTH	
COUNTRY OF BIRTH	
Current Address	
City, State & Zip	
Home Telephone	
Work Telephone	
Cell Telephone	
If Your Current Address Is Less Than Five (5) Years, Please Provide Your Previous Address Information.	
Previous Address	
City State & Zip	

TCN: . .



Manchester Volunteer Rescue Squad

Membership Application Benchmark Form

Date Mailed:	_____	Mailed By:	_____
Date Received:	_____	Received By:	_____
Date Crew Assigned:	_____	Crew #	_____
Date State Background Submitted to CFEMS:	_____	Submitted By:	_____
Date State Background Check Received:	_____		
Date Hand Scan Check Received:	_____		
**Attach all supporting documents to application to be filed in personnel file			
Date Interviewed:	_____	Recommended for Membership:	Yes No
Committee Members Present:	_____ / _____		
Date Application Voted On:	_____	Application Disposition:	_____
Member Number Assigned:	_____		

Applicant Name: _____
Applicant Phone: _____
Applicant Address: _____
