

Flowchart for Prospective Members

1. Fill out the Roanoke County and Cave Spring Rescue Squad (CSRS) Applications, and the CSRS and County observer forms and return them to the Rescue Squad any night after 6 PM.
2. Call the county volunteer coordinator, Jennifer Conley-Sexton at 561-8060 to make an appointment.
3. Take the **PINK** copy of the RCFRD application (after the Membership Officer or Designee has signed the form) and a copy of your driving record (21 and over) to your meeting with Jennifer. While you are there, you will complete a criminal history check form (18 & over). The County will take a photo for your county ID.
4. The Membership Officer will notify you when you are cleared to observe. This usually takes three business days.
5. We will do a First Reading of your application at the first business meeting after you submit your application. These meetings are the first Wednesday of each month. You need to be present if possible, so the crew can meet you.
6. The membership committee will contact you during the first month to set up an appointment for an interview. These are usually held the last Sunday of the month at 4 PM. Bring any requested forms with you to the interview; including copies of any certifications that you might already have and a **copy of your DMV driving record** (21 and over). (Make a photocopy of the one you take to the county!!)
7. At the following month's meeting, we will do a Second Reading of your application if we have received the criminal history results, and all paperwork is complete. The crew will then vote to accept you for a 6-month probationary period. You need to be present at this meeting.
8. During this process you should observe with at least four different duty teams. Remember, you must be cleared to observe. (See #4 above)
9. You must be enrolled in an Emergency Medical Technician class within 6 months of being accepted for probationary membership. The crew will assist you in finding a class.
10. Within 60 days of being voted on to the Crew, you **must** attend Rookie Orientation. This class is scheduled when you meet with the Roanoke County Volunteer Coordinator.
11. If you have any question, please feel free to ask any members of the crew or email the Membership Committee at membership@csrs.roacoxmail.com .

Thank you for your interest in joining our agency!

Joe Coyle

Joe Coyle
Membership Officer

Cave Spring Rescue Squad Application for Membership

Personal Information

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone# _____ Work Phone# _____

Cell Phone # _____ Pager # _____

Social Security Number: _____ Date of Birth _____ Age: _____

E-mail address: _____

Current Employer Information

Employers Name: _____

Supervisors Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Best time to Call: _____

Current Certifications

Certification: _____ Expires on: _____

Certification: _____ Expires on: _____

Certification: _____ Expires on: _____

Certification: _____ Expires on: _____

Please attach a photocopy of all certifications

Have you ever been a member of any Fire or EMS Agency? _____

If yes please detail below, give Agency Name, Dates of Service, & Reason for Leaving, also include a Supervising Officers Name and Title along with a telephone number where they can be reached.

**Have you ever been arrested for or charged with a felony? Yes _____ No _____
If yes please explain in detail.**

**Are you currently, or have you ever been a member of an organization that would prohibit you from, or influence your decision to render care to any patient with regard to their sex, race, or religion? Yes _____ No _____
If yes, please explain.**

Please list membership - current or past - in any civic organizations, clubs or associations.

Please list the Name and location of the High School, and any College, University or Trade School that you have attended, and list any degrees or certifications attained.

**Personal References – Do Not List Relatives or Employers
High School Students MUST list at least one teacher**

Reference One

Name: _____

Address: _____

Home Phone# _____ **Work Phone#** _____ **Years Known** _____

Reference Two

Name: _____

Address: _____

Home Phone# _____ **Work Phone#** _____ **Years Known** _____

Reference Three

Name: _____

Address: _____

Home Phone# _____ **Work Phone#** _____ **Years Known** _____

Person to notify in case of an Emergency

Last Name: _____ **First:** _____ **Relationship** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone# _____ **Work Phone#** _____ **Pager#** _____

Almost Done

How did you learn about Cave Spring Rescue Squad?

Please list any friends who are members of Cave Spring Rescue Squad.

Member _____ **Years Known** _____

Member _____ **Years Known** _____

Member _____ **Years Known** _____

Agreement & Authorization

By signing below, I attest the information in this application is true and complete. I understand that any false statements will be sufficient cause for termination of my subsequent membership. I understand that by signing this application, I agree to abide by all of the rules and regulations set forth by Cave Spring Rescue Squad. I understand that failure to abide by these rules may result in dismissal from Cave Spring Rescue Squad. I also agree that all equipment issued to me will be returned in satisfactory condition at the request of the squad or its agents. Failure to return any equipment will obligate me to pay for its replacement cost to Cave Spring Rescue Squad.

I hereby authorize Cave Spring Rescue Squad to conduct a background investigation, which may include information as to my character, general reputation, and personal characteristics. I authorize school officials and past and present employers to provide any information as to my background.

Applicant's signature: _____

Print Name: _____

Date: _____

If Applicant is a minor, signature of a parent or guardian is required.

By signing below, I am indicating that I am aware that my child is applying for membership with Cave Spring Rescue Squad, and I agree fully with the above authorization concerning allowing Cave Spring Rescue Squad to conduct a background investigation on my child, to include school records if necessary. I further understand that if accepted for membership, my child must comply with all rules and regulations set forth by Cave Spring Rescue Squad. I agree to be responsible for all equipment issued to my child, and will be responsible for replacement cost for any lost or damaged equipment.

Parent's signature: _____

Print Name: _____

Relationship: _____

Date: _____

PLEASE RETURN THIS FORM TO THE STATION ANY NIGHT AFTER 6 PM