



CAVE SPRING RESCUE SQUAD

A Professionally Trained Volunteer Agency Since 1958
Roanoke County Rescue 3 - Cave Spring, Virginia

3206 Valley Forge Ave.
Roanoke, VA 24018
540-772-2943
www.csrescue.org

MEMBERSHIP APPLICATION

Applying for:
(Please see eligibility requirements before selecting)

Junior

Senior

Associate

Academic

PERSONAL INFORMATION

Last Name:		First:	Middle:
Address:			
City:	State:	Zip:	
Home Phone #	Work Phone #	Cell Phone #	
Age:	Date of Birth:	Social Security #	
Email:			

CURRENT EMPLOYER INFORMATION

Employer's Name:		
Address:		
City:	State:	Zip:
Supervisor:	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:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please detail below. Give the Agency Name, Dates of Service, and Reasons for Leaving. Also include a Supervising Officers Name and Title along with Telephone number where they can be reached.		

Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been charged with a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to either question, 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 <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.		

Please list any current or past memberships held in any civic organizations, clubs, or associations.
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PERSONAL REFERENCESDo not list relatives or employers. High School students **MUST** list at least one teacher**REFERENCE ONE**

Name:

Address:

Home Phone #

Work or Cell #

Years Known:

Relationship:

REFERENCE TWO

Name:

Address:

Home Phone #

Work or Cell #

Years Known:

Relationship:

REFERENCE THREE

Name:

Address:

Home Phone #

Work or Cell #

Years Known:

Relationship:

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

First Name:

Last:

Relationship:

Address:

City:

State:

Zip:

Home Phone #

Work #

Cell #

How did you learn about Cave Spring Rescue Squad?

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

What are your primary reasons for seeking membership with Cave Spring Rescue Squad?

AGREEMENT & AUTHORIZATION

By signing below, I attest that 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.

Print Name:

Applicant's Signature:

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.

Print Name:

Relationship:

Parent's Signature:

Date:

Cave Spring Rescue Squad Observer Form

Full Name _____ D.O.B _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ SSN _____

Emergency Contact Person and Relationship to you _____

Emergency Contact Numbers _____

Observer Release and Indemnification Agreement

This release and indemnification agreement, made this _____ day of _____, 20____
By and between _____ of _____ Virginia,
and Cave Spring Rescue Squad, Inc.

Witnesseth:

That for and in consideration of the sum of one dollar, receipt of which is hereby acknowledged, and in further consideration of the permission granted to me by the Cave Spring Rescue Squad, Inc., Roanoke County, Virginia to participate in its activities, including but not necessarily limited to training and responded to requests for routine and emergency services, I hereby release and indemnify the Cave Spring Rescue Squad, Inc., and Roanoke County Board of Supervisors, and Roanoke County Fire and Rescue Department, its members, agents and employees from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against Cave Spring Rescue Squad, Inc. and other above described parties for any personal injury and/or property damage known or unknown which may result from my participation in the above described activities. I recognize and acknowledge that said activities involve risk to my person and property and I knowingly assume all such risk.

I, the undersigned, am over/under the age of eighteen years of age, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. This release and agreement shall remain in effect for 90 days, or until revoked by me or an authorized agent of Cave Spring Rescue Squad, Inc.

In Witness whereof, I have executed this release on the day and year first above set forth at Roanoke, VA.

Date _____ Printed Name _____ Signature _____

Parent's Signature if Observer is a minor _____

Chief or Deputy Chief's Signature _____ Date _____

Cave Spring Rescue Squad

Criminal Record Acknowledgement

A criminal record will prevent an applicant from becoming a member of Cave Spring Rescue Squad, or any other Roanoke County Fire and Rescue Volunteer Organization. You must sign this form and return it with a completed Observer form to be eligible to become an Observer with Cave Spring Rescue Squad. Withholding or falsification of this information will be sufficient cause for rejection or revocation of the Observer Status or **subsequent membership**.

To be eligible to become an Observer you are required to meet and maintain the following qualifications:

Have **NEVER** been convicted of a felony involving any sexual crime

Not be convicted of any other act which is a felony under the laws of the Commonwealth of Virginia or of the United States, except that such felon is eligible to become an Observer 5 years after the date of final release and no additional felonies have been committed.

I affirm that I have never been convicted of a felony involving any sexual crime. I further affirm that I have not been convicted of any other felony under the laws of the Commonwealth of Virginia or of the United States of America within the last 5 years. Individuals convicted of non-sex related felony crimes are eligible for Observer status 5 years after their date of final release from the criminal justice system.

Printed Name: _____

Signed: _____ Date: _____

Parents Signature: _____

(If applicant is under 18)

Roanoke County Fire & Rescue Department

Citizen Observer Program Application & Waiver Form

The Citizen Observer Program is designed to allow citizens to gain a realistic view of the fire and rescue operations of Roanoke County Fire & Rescue Department. It is our hope that the insight gained by participating in this program will be both informative and enjoyable. The following information is required to begin the application process. Fill out all three pages of this form. **Please note that Name, Sex, Race and Social Security Number are all required for Roanoke County Fire & Rescue Department to process the background check.**

Name: _____
(Last) (First) (Middle)

Sex: Male / Female Race: _____

Date of Birth: _____ Social Security Number: _____

Complete Address: _____

Telephone: _____ Email Address: _____

Occupation: _____

If Student- Name of School Attending: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

TELEPHONE: _____

Do you have any medical condition that might affect your ability to participate in this program? Yes _____ No _____ If yes, explain: _____

Are you a member of a Fire/Rescue Organization? _____

If so, which one: _____

Are you participating in a Fire/Rescue Training Program? _____

If so, what type of training? _____

Have you ever been convicted of a crime? _____ If yes, explain _____

Date/Hours requested to observe: Date: _____ Time: _____

Please plan your observation time at least 24 hours from the date of this application for planning purposes.

