



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 REFERENCES**Do 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:



Roanoke County Fire & Rescue Department Volunteer Application

Volunteer Organization: _____	<div>New Applicant <input type="checkbox"/></div> <div>Previous Volunteer <input type="checkbox"/></div> <div>Currently a Volunteer w/another RCFRD organization <input type="checkbox"/></div>
Applicant Name: _____	
Present Address: _____	
City: _____ State: _____ Zip: _____	

Date of Birth: _____	E-Mail _____
Home Phone: _____	Work Phone: _____ Mobile: _____
Employer: _____	Address: _____
Position held: _____	
Next of Kin: _____	Relationship: _____
Phone: _____	Address: _____

EDUCATION/QUALIFICATIONS

Please list highest level of education: _____

Current OEMS, VDFP or VAVRS Certifications held: _____

Do you have a valid Virginia driver's license: ☐ Yes ☐ No

REFERENCES

List three persons who are not related to you who know your qualifications or your character

Name	Address	Phone	Relationship	Occupation

BACKGROUND

Have you ever been convicted of any violation(s) of the law? ☐ Yes ☐ No

Please note the type of violation(s): ☐ Felony ☐ Misdemeanor ☐ Traffic (moving) violation-excluding minor traffic violations

Description of offense(s): _____

Date of Charge(s): _____ Date of Conviction(s): _____ County, City, State of Conviction(s) _____

If more than one offense, please include additional information on an attached plain sheet of paper.

CERTIFICATION

I certify that all information provided on this application is true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of acceptance or termination of volunteering status, regardless of when or how discovered.

I understand that all information on this application is subject to verification and I consent to criminal history checks. I further understand that I may have to pass a medical examination as a condition of my volunteering and that I may be required to provide a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers and educational institutions regarding this application.

I acknowledge that I have read and understand the above statements and by submission of this application hereby grant permission to confirm the information supplied on this application.

If 16 or 17 years of age you must have
Parental consent signature _____ Date _____

Signature of Applicant _____ Date _____

_____	1.	Approval for applicant to meet w/ RCFRD Volunteer Office w/ pink copy by appointment (777-8706)
Sign _____ Date _____		
_____	2.	Accepted by organization for membership (send yellow copy to Volunteer Office)
Sign _____ Date _____		
_____	3.	Membership Denied
Sign _____ Date _____		

For RCFRD Office Use Only: ☐ Roster ☐ E-mail ☐ C/Cure ☐ Aegis/CAD ☐ T/B ☐ A/Tags

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)



POLICY SECTION: Administration	NUMBER: A-01-14	PAGES:
SUBJECT: Citizen Observer Program	APPLICABLE TO: All Personnel	
EFFECTIVE DATE: October 1, 2004	REVIEW DATE: October 2021	REVISED DATE: 03/11/2020

A handwritten signature in black ink, appearing to read "Stephen G. Simon".

Stephen G. Simon
Fire and Rescue Chief

This policy is for departmental use only and shall not apply in any criminal or civil proceedings. The Departmental policy should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this directive will be the basis for departmental administrative sanctions. Violations of law will form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.

I. PURPOSE

The purpose of the Citizen Observer Program is to promote understanding of the responsibilities and achievements of the Roanoke County Fire & Rescue Department in any given day.

II. POLICY

The Citizen Observer Program allows citizens, as well as county employees, to gain a realistic and comprehensive view of the duties of fire and rescue personnel. The Department will grant program participation without regard to age (other than minors under the age of 16), race, sex, religion, creed, or national origin.

III. PROCEDURE

A. Eligibility/Application

1. Observers must demonstrate a strong interest in pre-hospital care or firefighting and in joining Roanoke County Fire & Rescue Department either as a volunteer or career member. Observers must be at least 16 years of age at the time of application and must have approval from their parent/guardian if they are 16 or 17 years of age. Special circumstances may be made for public officials, administrators, media, etc. to observe as circumstances permit.
2. All Citizen Observers must first complete a Citizen Observer & Waiver Form (attached). The form should be submitted to the Volunteer Chief of the organization the applicant wishes to ride with, or Administration Office for those wanting to ride with a career unit.

3. A complete and current Citizen Observer & Waiver Form for each observer must be on file with RCFRD Administration Office. Each form will be good for 90 days. In appropriate cases, the form may be continued for a maximum of 120 days of total observation period.
4. Each observer must have a standard criminal history record completed through the Volunteer Office before they are cleared to observe. The criminal history must meet the RCFRD guidelines to participate. Felony convictions or convictions involving moral turpitude will be grounds for disqualification. Other convictions may be grounds for disqualification on a case-by-case basis. The criminal history must be completed within 30 days prior to the first scheduled ride along.
5. No persons will be allowed to use this Citizen Observer Program to fulfill court-ordered community service time.
6. No citizen observer shall carry a weapon of any kind while on county property or while riding on apparatus.

B. Officer-in-Charge Responsibilities

1. The officer in charge may terminate any or all of the observer's privileges at any time for any reason.
2. The officer in charge has full and final approval as to who is permitted on the apparatus. The Officer in Charge may choose to run a call without the observer for any reason. Alternately, an observer may choose not to run a call for any reason.
3. NO observer shall ever be left in the building unattended. If the observer does not go on the call, the observer will be asked to leave the station and escorted from the building. If the team goes to dinner, etc., the observer should be asked to attend. If the observer declines the invitation, they will be asked to leave and return after the team comes back from their destination.

C. Participant Conduct/Responsibilities

1. Observers must wear appropriate clothing. Sandals, shorts, tank tops, sweatshirts, flip-flops, soiled clothing or clothes with holes are not appropriate clothing. The observer should be dressed appropriately for the weather (if it is cold, bring a coat, etc.) No shirts or other clothing with logos that are disrespectful, derogatory, or involve themes of a sexual nature, drugs or alcohol will be allowed. It is recommended that women not wear skirts or dresses. The Officer in Charge will make the final decisions involving clothing.
2. Observers are not permitted to wear ANY crew identification, i.e. coats, shirts, bunker gear. There will be NO EXCEPTIONS. Observers WILL NOT use the radios in the units, RCFRD/crew cellular phones, or operate ANY emergency systems (lights, sirens, squad equipment, etc.)
3. Observers who currently hold ANY certification will not be allowed to practice any skills while under observer status. Observers who hold no certifications will not be allowed to perform ANY EMS or firefighting activity.
4. Observers are not allowed to operate any county insured vehicles.

5. The observer is under the direction of Officer in Charge at all times. While on the scene, the observer is under the direction of the incident commander.
6. Observers must follow all directions of the officer in charge. No interference with patient care, scene command, safety, or normal operation of the crew will be permitted. Failure of the observer to promptly and fully comply with all directions of the Officer in Charge will result in immediate suspension from the program.
7. Observers are required to conduct themselves in a mature and respectful manner at all times--whether in the building, out to eat, on calls, etc.
8. Observers who are asked to identify themselves at any time should reply by saying that they are an observer, and they are to make no statements to anyone regarding patient care, fire scene or any operations. The Officer in Charge should make every effort to identify the observer to the patient, their family, or any other fire, rescue, police officer.
9. No Observer is to respond to the scene of any call in a personally owned or operated vehicle. This does not preclude an individual's obligation to stop and attempt to render aid if they are the first on the scene of a wreck, etc. No Observer is to run ANY calls unless they are in the building with the Officer in Charge's permission and assigned to a team for the duration of a shift.
10. The Observer must wear proper identification, as determined by the Officer in Charge, so as to be easily recognized by all citizens and Roanoke County personnel. Observer identification must be worn on the outside of all clothing and must be visible at all times, whether in the building, out to eat, on a call, etc.

D. Roanoke County Communication Officers

1. On-duty Communication Officers will be guided by the procedures contained in the Communication Center Handbook.
2. Communications Officers will submit to the Roanoke County Fire & Rescue Administrative Office a copy of the Fire & Rescue Citizen Observer Form for scheduling and tracking purposes. A copy of the form will also be given to the Communications Shift Supervisor for their tracking purposes.
3. Communication officers-in-training during work hours will have assigned times to participate in the Citizen Observer Program. They will be assigned by Fire & Rescue Administration.
4. When riding, Communication Officers will wear appropriate civilian attire. Should a question arise, appropriate attire will be determined by the Officer in Charge.
5. Communication Officers who are asked to identify themselves will identify themselves as a Roanoke County Communication Officer.

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.

INSTRUCTIONS TO CITIZEN OBSERVER

1. Participants should include members of a business or civic group, potential applicants for the position of firefighter or rescue member in Roanoke County, or are sponsored by a Roanoke County Fire/Rescue Volunteer Organization.
2. Participant must be at least 16 years of age to ride in any Roanoke County vehicle. If the applicant is 16–17 years of age, they must have their parent or legal guardian's permission verified by signature below.
3. Participants are required to dress in proper attire, to include clean, neat street clothes.
4. Participant must promptly follow all instructions given by the Officer in Charge during the observation time. No interference with the performance of operations shall be permitted.
5. Participants are required to conduct themselves in a mature, professional manner at all times.
6. Participants should identify themselves as a citizen observer at all times and may not under any circumstances assist in the responsibilities of the Firefighters or Rescuers.
7. The Citizen Observer Program shall be conducted at times that are convenient to the operations of the Fire and Rescue Department and limited to three times per year.
8. The observation period may be terminated at any time by the Officer in Charge.

I certify that I understand the requirements and responsibilities of participants in this program; and that I am aware of the potential risk involved with accompanying fire and rescue personnel during the performance of their duties. In consideration of the Roanoke County Fire and Rescue Department granting permission to enter in or upon any premises or vehicles which are under its actual care or constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of the Roanoke County Fire and Rescue Department, its officers, agents or employees. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive any and all notice of the existence of such conditions. I have also read the RCFRD HIPAA guidelines and agree to follow them. They are attached.

I agree to allow RCFRD to complete a Name Search Request for Criminal History Record and understand that my signature on this form gives RCFRD the authority to do so.

_____ Citizen Observer's Signature	_____ Date
_____ CO Parent/Legal Guardian's signature (if CO is 16-17 years old)	_____ Date
_____ Signature of Volunteer Officer in Charge or Career Captain in charge (If riding with Volunteer unit) (If riding with Career Unit)	_____ Date
_____ Signature of approval from Volunteer Chief; or Career Captain & Admin officer (Volunteer Chief or Career Captain agree to assure the C.O. follows the above instructions)	_____ Date