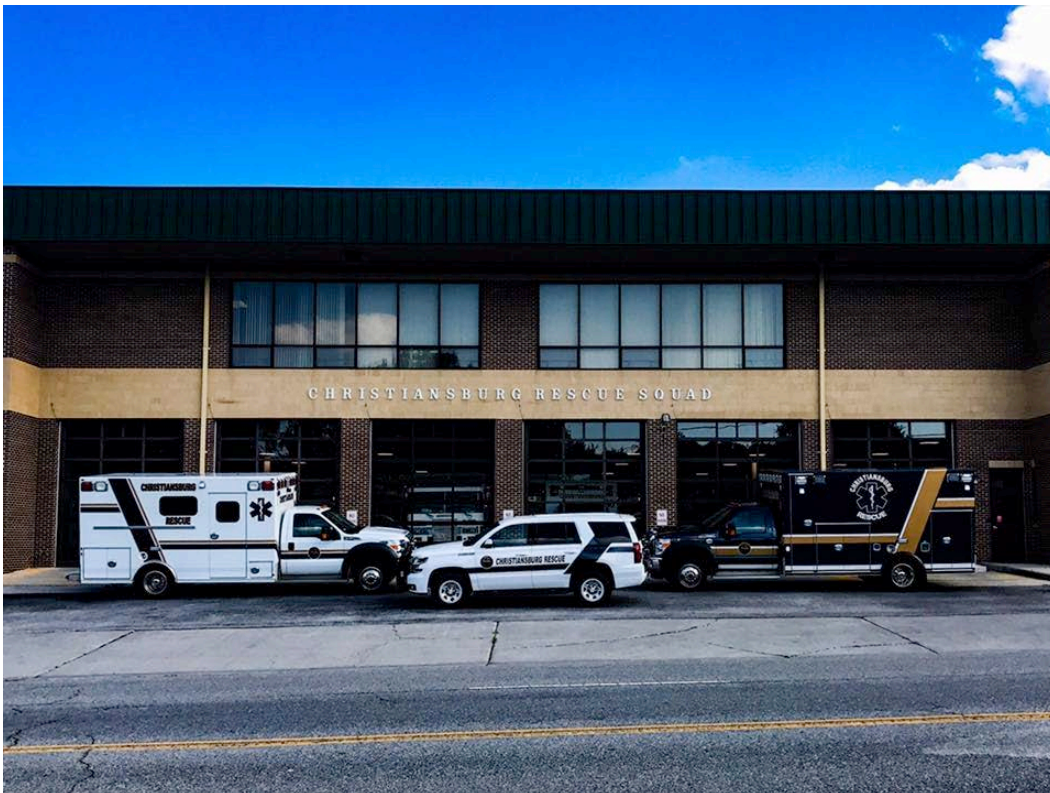




Christiansburg Rescue

Volunteer Member Application





Thank you for your interest in volunteer membership with Christiansburg Rescue! We are a progressive and award winning EMS agency with a focus on excellence in patient care. If you have a strong desire to help others, we may have an opportunity for you.

About Us:

Christiansburg Rescue is an award winning emergency medical services agency with a diverse membership. We are a department of the Town of Christiansburg. The Chief and Deputy Chief are full time employees of the Town. We maintain a roster of approximately 70 volunteer members supplemented by a small number of employed daylight staff. Our members are a mix of New River Valley local residents and students from area colleges and universities. Regardless of their residence or background, our members are united as one team with a goal of delivering excellent care to our community.

We have been proudly serving the Town of Christiansburg since 1947. We have the highest call volume in Montgomery County, answering approximately 4,500 calls each year. In addition to emergency medical services, we provide technical rescue including vehicle extrication, water rescue, ATV, and a bike team.

We take what we do very seriously, but we also want each member to have an enjoyable experience, so having fun in an atmosphere of mutual respect is an important part of our experience.

Membership Standards:

Candidates for membership must meet the following minimum standards:

- Minimum age of 16
- Satisfactory results from criminal background checks
- Ability to function as an emergency medical technician including physical ability and ability to communicate in English, both orally and in writing
- New members must obtain EMT certification during their initial recruit period of 18 months

Membership Categories and Time Requirements

In order to ensure coverage of calls, members commit to a category of membership based on their availability. We accept for membership those candidates whose availability best meets our coverage needs. We are a "24/7/365" operation and must have coverage all day, every day of the year – including weekends and holidays. Below is a brief overview of our membership categories.

Active: Duty requirements are 12 hours a week and shifts consist of a set day shift (6am-6pm) or night shift (6pm-6am). Flexible scheduling is allow on a case-by-case basis however the hourly requirement is unwavering. Members are also required to regularly attend our business and training meetings. Business meetings are held bimonthly, usually on the first Sunday at 7pm. Training meetings are scheduled as needed.

Student: See above Active requirements. In addition students are eligible for an approved leave during winter and summer breaks in correlation with the academic schedule of respective colleges or universities. Members are also required to regularly attend our business and training meetings.

Associate: Duty requirement is 24 hours a month scheduled at least 2 weeks in advance to help ensure station



coverage. It is required to have at least 1 year minimum experience as an EMT or higher. Members are also required to regularly attend our business and training meetings.

Junior: Any person between the age of 16 and 18 or still in High School may be in this category. The member must be enrolled in High School or an equivalent program. Juniors are required to maintain a “C” GPA in all classes. Duty requirements are 6 hours a week. Members are also required to regularly attend our business, training and any specific Junior meetings. Junior meetings are scheduled as needed.

Getting Started:

A completed application must include the following:

- Completed Volunteer Member Application
- Completed and signed National Background Screening Form
- Completed and signed Christiansburg Rescue Observer Form
- Copies of any pertinent EMS certifications, including CPR (must be AHA)
- Fingerprinting at Christiansburg Police Department (see end of application for instructions)

You may drop the completed packet off at the station located at 190 Depot Street NW or you may mail the packet to:

Christiansburg Rescue

Attn: Membership Lieutenant

100 East Main Street

Christiansburg, VA 24073

Incomplete packets will NOT be processed. The Membership Lieutenant will contact you via email to discuss the next steps in your application. This may take a couple weeks as we complete the National Background check first.

If you have any questions, please contact: membership@christiansburgems.org





Christiansburg Rescue

Volunteer Member Application

Contact Information

Name: _____
Last First MI

Address: _____
Street Apt

City State Zip

Cell Phone: _____ Alternate Phone: _____ Email (required): _____

* Email will be our primary method of contact so please provide a valid Email address

Have you previously applied to Christiansburg Rescue? YES/NO If yes, provide the date: _____

Availability

Are you a year round resident of Montgomery County? YES NO

How many years do you plan to reside in this area?

2 or less 3 to 5 years 5+ years Permanent Resident

How do you plan to spend your summer months?

In this area / available Out of this area / unavailable

Your Age Group:

16 to 17 18 to 20 21 or older

Membership Category Requested:

Active Student Associate Junior



Schedule

Based on your next six-month schedule, please mark the days and hours you ARE available for duty.

Use these hours below as a guide:

Days: 6 AM until 6 PM

Nights: 6 PM until 6 AM

**** Our shifts do not always mirror these hours. PREFERENCE WILL BE GIVEN TO WEEKEND AVAILABILITY ****

Place a YES in the boxes that best indicate your availability. Actual schedule will be determined during Orientation.

	DAYS	NIGHTS
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

YOUR CURRENT VIRGINIA EMS CERTIFICATION

None EMT-B AEMT EMT-I Paramedic

Certification Number: _____ Expiration Date: ____/____/____

OTHER CERTIFICATIONS

Please indicate any additional related certifications:

CPR (AHA required)

Emergency Vehicle Operating Course

Vehicle Extrication

Hazmat Awareness (or higher)

Swift Water Rescue Operations Technician

Open Water Rescue Diver Public Safety Diver

Other: _____



Have you ever been a member of any EMS agency or Fire Department? YES NO

If yes, please provide the following information for each agency or department. Include ALL agencies. If more than three, please include others on the back of this application.

Agency/Department Name:

Dates: ___/___/___ to ___/___/___

Contact Person Name:

Contact Person Number or Email:

Agency/Department Name:

Dates: ___/___/___ to ___/___/___

Contact Person Name:

Contact Person Number or Email:

Agency/Department Name:

Dates: ___/___/___ to ___/___/___

Contact Person Name:

Contact Person Number or Email:

EDUCATION

High School

Current High School Student Graduated / GED Other

High School(s) attended: _____

College or University

N/A Current Undergraduate Student Current Graduate Student College Graduate

Major(s) or Fields of Study: _____

College(s) attended: _____



BACKGROUND CHECK

Have you ever been convicted of any traffic or criminal offense in any state? YES/NO If yes, provide details below.

*** All applicants will undergo a thorough background check to include a national database search, fingerprinting and FBI data search. While a conviction will not necessarily disqualify an applicant for membership, failure to disclose will disqualify an applicant from further consideration***

REFERENCES

Please provide the following information for **three** references (no relatives):

Name: _____

Phone Number/Email: _____

Length of time known: _____

Friend Co-Worker (work or volunteer) Teacher / Coach Other (Describe _____)

Name: _____

Phone Number/Email: _____

Length of time known: _____

Friend Co-Worker (work or volunteer) Teacher / Coach Other (Describe _____)

Name: _____

Phone Number/Email: _____

Length of time known: _____

Friend Co-Worker (work or volunteer) Teacher / Coach Other (Describe _____)



APPLICANTS CERTIFICATION AND AGREEMENT

I certify that the information I have provided on this application is complete and accurate to the best of my knowledge. I hereby authorize the Town of Christiansburg (the Town) to verify the accuracy of this information. I authorize the Town to obtain reference information by contacting educational institutions, references, employers, other agencies and any other individuals or entities deemed necessary. I hereby release the Town and any of its representatives from any and all liability of whatever kind and nature that, at any time, could result from obtaining and having membership decision based on information obtained from this process. This application and all information obtained is the property of the Town. I understand that should an offer of membership be extended to me and accepted, I must fully adhere to the policies, rules and regulations of the Town and the department. I understand that membership is "at will" and may be terminated by the Town or by the member at any time, with or without cause.

I understand that if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.

PRIVACY AND CONFIDENTIALITY

I understand that I may be exposed to confidential information such as a patient's medical or social history or other private information. I agree that I will keep all such information confidential and will not divulge it to anyone without the expressed written consent of the Christiansburg Rescue HIPAA Compliance Officer. Violation of patient confidentiality will result in disciplinary action up to and including termination of membership. I further understand that state and federal regulations protect patient privacy and that Christiansburg Rescue will cooperate fully with any regulatory or law enforcement entity investigating or prosecuting violations of patient privacy and confidentiality regulations.

Applicant Signature: _____ Date ___ / ___ / ___

Parent / Guardian Signature (Under 18): _____ Date ___ / ___ / ___

Submit all the Following for Application to be Processed:

- Completed Volunteer Member Application
- Completed and signed National Background Screening Form
- Copies of any current pertinent EMS certifications, including CPR (Must be AHA)
- Christiansburg Rescue Observer Form
- Go to the Christiansburg Police Department between 8AM – Noon Monday – Friday for fingerprinting. Take a government issued ID. Tell them you are a rescue applicant. Police Department (PD) will keep the fingerprint card. Email membership@christiansburgems.org when completed. If you cannot make it to the PD during the above listed hours please email the above address for assistant to arrange an alternate time.

