WINTERGREEN RESCUE SQUAD / WINTERGREEN FIRE DEPARTMENT
Volunteer Membership Application

We welcome your interest in our organization. The Chief (434-325-8536) of the Wintergreen Rescue Squad and/or Wintergreen Fire Department will review your application and may invite you attend an interview. We are required by Virginia Administrative Code to conduct a background investigation and review the Department of Motor Vehicle (DMV) Driver Transcript for all new applicants. This form includes an authorization for us to conduct and/or review these documents. If your application is approved you will become a probationary member for a period of not less than (6) six months.

Rescue Squad (☐ Full, ☐ Junior) and/or ☐ Fire Department
Check all that apply

Name: _____ Date: _____ / _____ / _____

Address: _____

_____

Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____

Cell: _____ - _____ - _____

Email: _____

Date of Birth: ____ / ____ / _____ Height: _____ Weight: _____

Note: Maximum age to apply for membership with Wintergreen Rescue Squad is 70 years of age.

Education: _____ Highest grade completed: _____

In case of emergency, notify: Name: _____

Relationship: _____

Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____

Cell: _____ - _____ - _____

Do you agree to volunteer a minimum of 36 hours as a "Full" or "Junior" member, (Rescue Squad only)? Yes or No
Circle One

Are you now or have you ever been affiliated with a police, fire or rescue organization?
Yes or No
Circle One

If yes, provide details: _____

_____

May we request your performance record from that organization? Yes or No
Circle One

Have you ever been convicted of a law or traffic violation? Yes or No
Circle One

If yes, list all and please explain: _____

_____

Do you have any infirmity or medical condition that would impair your ability to perform any of the duties customarily required of a volunteer member of the Rescue Squad or Fire Department?
If yes, please explain: _____

_____

Note: This includes vision, night driving, or mobility issues.

Present employer: ___________________________ Position held: ________________________

Employer's address: ____

Telephone number: ____ - ____ - ____________ May we contact your employer? Yes or No
Circle One

Provide name and telephone number of three persons not related to you who know your qualifications.

Name: ______________________________ Telephone #: _____ - ______ - ___________

Name: ______________________________ Telephone #: _____ - ______ - ___________

Name: ______________________________ Telephone #: _____ - ______ - ___________

Provide names of friends or relatives who are now or were members of the Wintergreen Rescue Squad or Wintergreen Fire Department.

Name: ______________________________ Telephone #: _____ - ______ - ___________

Name: ______________________________ Telephone #: _____ - ______ - ___________

Name: ______________________________ Telephone #: _____ - ______ - ___________

Use the space below to provide any information that you believe would be helpful to us when evaluating your application. You should mention any special skills, achievements, training, certifications, etc:

____

____

____

When would you be available to begin duty? ______ / ______ / ___________

I hereby certify that all of the information I have provided in this application is true and correct to the best of my knowledge. Also, I understand that all information I have provided is subject to verification. The Wintergreen Rescue Squad and/or Wintergreen Fire Department have my permission to verify any or all of this information.

Applicant's Signature: ___________________________________ Date: ____ / _____ / _________

* *

Reference Virginia Code section 12VAC5-31-910,C,4 for driver record requirement.

Please provide a copy of your driving record with your application dated within (5) five days of submitting your application. This can be obtained at your local Department of Motor Vehicles (DMV) office. A letter can be provided by Wintergreen Fire and Rescue upon request to receive this record free of charge.

Driver's License # _______ - _______ - _________________ Expiration: ____ / ____ / ________

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Reference Virginia Code section 12VAC5-31-900 Criminal or enforcement history.

I hereby grant permission to Wintergreen Rescue Squad and/or Wintergreen Fire Department to conduct a criminal history record and/or sex offender and crimes against minor's registry search.

Applicant's Signature: ______________________________________ Date: ____ / ____ / _________

Uniform Information *(Complete and return to Chief of EMS Operations)*

Name: _____ Date: _____ / _____ / _____

Uniform: Ordered Date = ____ / ____ / _____ Received = _____ / _____ / _____

Duty Pants: Waist = _____ Inseam = _____

Polo Shirt: S M L XL XXL XXXL
Circle One

Long Sleeve Shirt: S M L XL XXL XXXL
Circle One

Coat: S M L XL XXL XXXL
Circle One

T-Shirt: S M L XL XXL XXXL
Circle One

Turtleneck: S M L XL XXL XXXL
Circle One

EMT Certificate Number: _____ Expiration: ____ / ____ / _____

National Registry Certificate Number: _____ Expiration: ____ / ____ / _____

CPR Expiration Date: _____ / _____ / _____

EVOC Expiration Date: _____ / _____ / _____

Cut here and submit top section to Chief of EMS Operation for uniform needs

Membership Application Supplement for Junior Applicants

This section to be completed by Junior Volunteer applicants (not less than 16 or more than 18 years of age).

Name of junior applicant: _____

Statement of school principal or assistant:

I am acquainted with the above named student and know him or her to be of good moral character and he or she maintains satisfactory academic grades. I believe he or she should be considered for Junior membership.

Signed: _____ Date: ____ / _____ / _____

Statement of parent or guardian:

I hereby grant my permission for my son/daughter/ward to become a member of the Wintergreen Rescue Squad and/or Wintergreen Fire Department and I agree to hold the Wintergreen Rescue Squad and/or Wintergreen Fire Department blameless should he or she sustain injury or death as a result of his or her training or the performance of duties.

Signed: _____ Date: ____ / _____ / _____

Statement of applicant:

If I am accepted as a probationary member of the Junior Rescue Squad or Fire Department, I pledge to uphold the high standards of the Wintergreen Rescue Squad and/or Wintergreen Fire Department. I will apply myself to learn and utilize the principles of emergency services and obey the rules of the organization and its officers.

Signed: _____ Date: ____ / _____ / _____