

LEONARDTOWN Volunteer Rescue Squad, Inc.



P.O. Box 299, Leonardtown, St. Mary's County, Maryland 20650

APPLICATION INFORMATION PACKAGE

We are pleased that you are interested in joining our team. The Leonardtown Volunteer Rescue Squad (LVRS), St. Mary's County Company 19, was formed in 1975 as a 100% volunteer organization to provide emergency medical services to the citizens of Leonardtown and the surrounding communities. Currently, approximately 1800 calls per year are run by our squad using 3 ambulances, an EMS unit and a utility van. As of January, 2006, we had 78 members serving in many capabilities from 16 through 70 years of age.

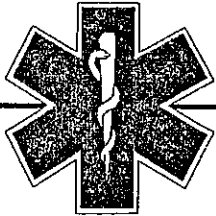
Individuals, aged 16 and older, are invited to join the LVRS. Our monthly drill is held on the first Tuesday of the month and the business meeting is held on the third Tuesday. Training is at no cost to the individual. The Emergency Medical Technician (EMT) course is a 130 hour class and is offered semi annually.

Regular membership requires an individual to stand 2 night duty shifts and a 6 hour daytime shift (usually done on the weekends) per month. These members are also required to attend a minimum of $\frac{3}{4}$ of the annual drills and meetings of the squad. Associate members run a 6 hour day shift and can attend the meetings and drills but do not wish to make the commitment to become regular members. Junior members range from age 16 to 18 and meet all the requirements of a regular member. All members serve a probationary period.

Our application process is as follows: Fill out the attached paperwork and submit it to the squad as soon as you know you want to help your neighbors. The initial Criminal Record Check will be mailed to the State Fire Marshall's Office for verification at no cost to the applicant. If additional background information is required from the Fire Marshall a \$40.00 fee is to be paid by the applicant or the application may be withdrawn. Your character references will be notified by mail and requested to respond in writing as to your character.

You are asked to attend the next scheduled business meeting for your introduction to the membership and presentation of your application, which will be tabled for 30 days pending the return of the necessary documents including the completion of the medical form signed by your physician. You will also need to request a copy of your driving record from the Department of Motor Vehicles.

Upon receipt of all completed documents, your name will be presented for membership vote. If desired, you will have an opportunity to address the membership. At that business meeting you may become a member of the LVRS! We welcome you!



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APPLICATION FOR MEMBERSHIP

Name _____
 First _____ Middle _____ Last _____
 Address _____
 Phone: Home _____ Work _____
 Pager _____ Cell _____
 E-mail address _____
 Birth date _____ SS # _____

BACKGROUND INFORMATION

FIRE/EMS involvement previously: No _____ Yes _____ If yes please specify:
 Company _____ Dates: _____
 Highest rank served _____
 LOSAP from _____ to _____ LOSAP # _____
 Contact Name & Phone _____
 Employer _____
 Address _____
 School attending: _____
 If under 18, list grade _____ Work Permit # _____
 Driver License _____ State _____ Exp _____
 Current points on your license _____

AUTHORIZATION TO INVESTIGATE BACKGROUND

I, _____, hereby certify that all of the information given here is true and correct. I also understand and give my permission to the Leonardtown Volunteer Rescue Squad to investigate my driving record, medical history as well as my criminal background.

I understand that all of this information will be kept confidential.

 Applicant signature Date

 Sponsoring member's signature Date

Application continued on other side

APPLICATION FOR MEMBERSHIP CONTINUED

MEMBERSHIP REQUESTED: Regular _____ Associate _____ Junior _____

TRAINING RECORD: Please provide copies of certifications held currently

CHARACTER REFERENCES – List three (3) who are not related to you

1. _____
Name _____ Phone _____

Complete mailing address including zip code _____

2. _____
Name _____ Phone _____

Complete mailing address including zip code _____

3. _____
Name _____ Phone _____

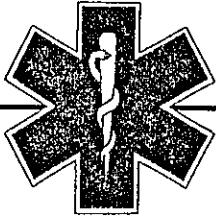
Complete mailing address including zip code _____

EMERGENCY CONTACTS – LIST TWO

1. _____
Name _____ Relationship _____ Phone _____

2. _____
Name _____ Relationship _____ Phone _____

PLEASE TELL US HOW YOU HEARD ABOUT OUR SQUAD



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HEALTH CERTIFICATE REQUEST

TO WHOM IT MAY CONCERN:

_____ DOB: _____
has applied for membership with our squad. We request your evaluation of this person's qualifications to assist the Leonardtown Volunteer Rescue Squad, Inc. (LVRS) in the provision of emergency medical services to our neighbors while maintaining maximum safety for both patients and caregivers.

The primary duty of this individual will be to render emergency medical care in the community. These activities are often performed in an environment that is physically demanding and mentally stressful. Members are required to make critical decisions, perform heavy lifting and drive emergency vehicles in medical emergencies.

This information will be held strictly confidential within the squad. As a volunteer organization, we appreciate any professional courtesy that can be extended regarding the completion of the certificate.

Does the individual listed above have:

No Yes

___ ___ Any injuries that may interfere with EMS duties as listed above? Comments:

___ ___ Take any regular medication? Please list and give reason.

___ ___ Have any sight, hearing or impairment that would limit ability? Comments:

___ ___ Have any physical/mental condition requiring medical supervision? Comments:

___ ___ Other comments: _____

Continued other side

I last examined _____ on
_____. I have reviewed the history and feel that this individual is mentally
and physically able to perform the duties listed above for the Leonardtown Volunteer Rescue
Squad. I have noted any limitations.

Date Physician Signature Print

Phone Address

Please return to LVRS in the enclosed envelope.

**Volunteer Employment
Consent/Release Form**

St. Mary's County Volunteer Emergency Services

Applicant's Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for _____
_____ to obtain information regarding myself. This
includes the following.

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with St. Mary's County guidelines.

Print Name:

_____ Date: _____

Signature:
