

AMHERST COUNTY FIRE & EMS AGENCIES



APPLICATION FOR VOLUNTEER MEMBERSHIP

Dear Applicant:

You must complete all sections of this application. Please print or type the required information using black or blue ink. This application should not be construed as a contract. Volunteer service with any Amherst County volunteer agency or department is at-will and may be terminated at any time with or without notice and with or without cause. This application involves volunteer service only and does not create or confer any employment rights on the volunteer. The County of Amherst expressly disclaims any employment obligations whatsoever for volunteers accepted into service.

DEPARTMENT:

Please mark the agency you are interested in providing volunteer service with:			
<input type="checkbox"/> Amherst Fire Department	<input type="checkbox"/> Amherst Life Saving Crew		
<input type="checkbox"/> Monelison Volunteer Fire Department	<input type="checkbox"/> Monelison Volunteer Rescue Squad		
<input type="checkbox"/> Pedlar Volunteer Fire Department	<input type="checkbox"/> Pedlar Volunteer Rescue Squad		

PERSONAL DATA:

Name (Last, First, Middle)				
Home Address		City	State	Zip
Mailing Address (if different from home address)		City	State	Zip
Social Security Number	Operator's License Number	Date of Birth		
Home Phone	Work Phone	Cell Phone	Email Address	

EMPLOYMENT INFORMATION: (list most recent employer first)

Employer Name	Dates of employment	Phone	
Employer Address	City	State	Zip
Job Title	Immediate Supervisor		
Responsibilities			
Reason for Leaving			

Employer Name	Dates of employment	Phone	
Employer Address	City	State	Zip
Job Title	Immediate Supervisor		
Responsibilities			
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Employer Address	City	State	Zip
Job Title	Immediate Supervisor		
Responsibilities			
Reason for Leaving			

EDUCATION:

TYPE	SCHOOL NAME AND ADDRESS	CIRCLE LAST GRADE COMPLETED	DIPLOMA
Grammar		1 2 3 4 5 6 7 8	
High School / GED		9 10 11 12	
College		1 2 3 4	
Graduate		1 2 3 4	

List any fire, rescue, EMS, and/or emergency management training, experience, and certifications you currently hold. Include expiration dates and certifying state, department, or agency. Please attach copies of your certifications to this application.

Certification	Certifying State/Department/Agency	Expiration Date

GENERAL INFORMATION:

Are you presently or have you ever been a member of any fire, rescue, EMS, or emergency services agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, list agency, dates and contact information.			
Have you ever been denied membership, had disciplinary action taken against you, or been asked to resign by any organization or emergency services agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, explain in detail. Be sure to include the name and address of the organization.			
Do you have any physical defects or have you sustained any injuries which may temporarily or permanently limit, restrict, or prevent you from performing certain kinds of work? If yes, describe such defects and specific work limitations.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe such defects and specific work limitations.			
Have you been treated for a physical illness in the past 5 years? If yes, please explain.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated for a mental illness? If yes, please explain.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you take medication regularly? If yes, please explain.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any crime or traffic offense? Include misdemeanors, traffic offenses, and/or felonies.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain fully, giving dates, circumstances and final disposition on separate sheet of paper. Discussion of criminal history may be necessary with the membership.			
Do you consent to a search of conviction information from your local, state, and national criminal history files?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
State of License:		License Number:	Expiration Date:
Do you consent to the release and review of your Driver's Transcript or Record now and on a periodic basis during service for repeated or significant traffic violations? Applicant must submit copy of DMV record with application.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occasionally, an application makes it difficult for an individual to adequately summarize his/her complete background. Please use the space below to summarize any additional information you would like to include. Also include why you would like to join a volunteer EMS or Fire Agency in Amherst County.			

EMERGENCY CONTACT INFORMATION

Name:				Relation:	
Address:				Day Telephone:	
City:				Evening Telephone:	
State:		ZIP Code:		E-Mail Address:	

This statement must be signed. Please read the following statement carefully before signing.

I hereby certify that the facts set forth in the above Volunteer Application are true and complete to the best of my knowledge, and I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected, and I could be disqualified from ever providing volunteer service with Amherst County emergency services agencies in the future.

The volunteer department and/or any representative thereof are hereby authorized to make investigation of my personal history, criminal history, driving record, and/or employment history. I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited.

I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract. Volunteer service with any Amherst County Volunteer Fire Department or Rescue Squad company or organization is at will and may be terminated at any time, with or without notice, and with or without cause.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

If under age 18, must have Parent or Guardian Signature.

Parent or Guardian Signature: _____

Date: _____

ADDITIONAL INFORMATION REQUIRED TO COMPLETE APPLICATION

- 1. Copy of official driving record.**
- 2. Recent photo of applicant.**
- 3. All applicants must complete drug test as set forth by individual department.**

AUTHORIZATION TO RELEASE REPORTS AND RECORDS

TO: [Name and address of medical care provider]

You are hereby authorized to furnish and release to Amherst Life Saving Crew, any and all information, reports, and records which you may have regarding any and all information or opinion in your possession with respect to any treatment, injury, examination, consultation, copies of all medical records, or charts, and to allow them to see or copy any records or reports relating to me, including any office notes. I hereby waive any privilege or right to have this information kept confidential, and I hereby consent to the release of this information to the above persons or their representatives. A photocopy of this authorization shall be as valid as the original.

All prior authorizations are hereby canceled and revoked, however, the foregoing authorization shall continue in force until revoked by me in writing.

SIGNATURE: _____

ADDRESS: _____

DATE: _____

STATE OF VIRGINIA

TO-WIT:

COUNTY OF AMHERST

I, _____, a Notary Public in and for the State and County aforesaid, do hereby certify that _____ has acknowledged and executed the foregoing before me this ____ day of _____, 200__.

Given under my hand this ____ day of _____, 200__.

My commission expires: _____

Notary Public

I hereby authorize use or disclosure of protected health information about me as described below.

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure: Amherst Life Saving Crew.
2. The following person or class of persons may receive disclosure of protected health information about me:
His/her/its name is: [Name and address of requesting Volunteer Agency]

3. The specific information that should be disclosed is any of my medical record information set forth on the preceding page.
4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.
5. I may revoke this authorization by notifying [name of medical care provider] _____ in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.
6. This authorization does not automatically expire.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.

Signature of Individual

Date

DOB

SSN

(The person about whom the information relates)

OR

Signature of Guardian or

Date of Guardians/Personal

Personal Representative of the
Individual

Description of the Individual

STATE OF VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the State and County aforesaid, do
hereby certify that _____, whose name is signed to the writing above bearing
date on the _____ day of _____, 200____, has acknowledged the same before me in my State.
aforesaid.

Given under my hand this _____ day of _____, 200____.

Notary Public

My Commission expires: _____

RIDE-ALONG PARTICIPATION AGREEMENT
ASSUMPTION OF RISK
INDEMNITY AGREEMENT AND
COVENANT NOT TO SUE FOR ADULTS

I _____ have requested that the Amherst Life Saving Crew allow me to come onto their facilities and to ride with their personnel as part of my training. I am fully aware of the inherent risks associated with my participation in the ride-along program, which include, but are not limited to bodily injury, physical and emotional disability, death, and property damage resulting from the risks of motor vehicle accidents and accompanying Amherst Life Saving Crew's personnel into areas where emergency situations may exist. Understanding these risks, it is still my decision to participate in the ride-along program and in consideration of the Amherst Life Saving Crew allowing me to participate, I assume full responsibility for such risks. I agree that neither I nor my legal representatives, heirs, and assigns, will hold the Amherst Life Saving Crew or the County of Amherst, their officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the ride-along program, whether caused by the negligence of the Amherst Life Saving Crew, the County, their officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the County and the Amherst Life Saving Crew, their officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the Amherst Life Saving Crew or Amherst County, their officials, employees and agents, as a result of my participation in the ride-along.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full force and effect.

I further understand that permission to participate in ride-along exercises is granted subject to the rules and regulations of the Amherst Life Saving Crew and such permission may be restricted to specified periods of time or revoked entirely by the Amherst Life Saving Crew in its sole discretion.

WITNESS my signature this _____ day of _____, 20____.

Amherst Life Saving Crew

Adult Participant

FOR MINORS ONLY
RIDE-ALONG PARTICIPATION AGREEMENT

ASSUMPTION OF RISK
INDEMNITY AGREEMENT, AND
COVENANT NOT TO SUE FOR MINORS

I, the undersigned parent/guardian for _____, agree to allow my child, who is under the age of eighteen, to participate in the Amherst Life Saving Crew's ride-along program. I am fully aware of the inherent risks and dangers associated with this activity, which include, but are not limited to the possibility of bodily injury, physical and emotional disability, death, and property damage resulting from the risks of motor vehicle accidents and accompanying Amherst Life Saving Crew personnel into areas where emergency situations may exist. Understanding these risks, it is still my decision to allow my child to participate in the activity and in consideration of the Amherst Life Saving Crew allowing my child to participate; I do hereby on my own behalf and on behalf of my child, assume full responsibility for such risks. I agree that neither I nor my child, our legal representatives, heirs, and assigns, will hold Amherst Life Saving Crew, Amherst County, their officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that my child may sustain as a result of participation in the ride-along program, whether caused by the negligence of the Amherst Life Saving Crew, Amherst County, their officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the Amherst Life Saving Crew, Amherst County, their officials, employees and agents, from all claims and expenses of any nature whatsoever, including the costs of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the Amherst Life Saving Crew, Amherst County, their officials, employees and agents, as a result of my child's participation in the ride-along program.

I understand that this Participation Agreement, Covenant Not To Sue and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in the ride-along program is granted subject to rules and regulations of the Amherst Life Saving Crew and such permission may be restricted to specified periods of time or revoked entirely by the Amherst Life Saving Crew in its sole discretion.

WITNESS my signature this _____ day of _____, 20__.

Amherst Life Saving Crew

Parent/Guardian