

# Christiansburg Rescue

## Volunteer Member Application

Thank You for Your Interest



Thank you for your interest in volunteer membership with Christiansburg Rescue!  
We are a progressive 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 and the Chief of the Department is a full time employee of the Town. We maintain a roster of approximately 80 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.

In addition to emergency medical services, we provide technical rescue services including vehicle extrication, water rescue, and even an EMS 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 driving record (those 21 and over).
- 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 satisfactorily complete certain courses during their initial probationary period. The department pays for this training:

- Emergency Medical Technician (successful state certification)
- Emergency Vehicle Operators Course (age 21 or over)
- Vehicle Rescue

### **Membership Categories and Time Requirements**

In order to ensure coverage of calls, members commit to a category of membership based on their situation and 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. The Membership Officer will present specific scheduling options to each candidate based on the information they provide in the application. In general, most new members commit to 12 hours per week taken in one shift or in a combination of shorter shifts. Those under the age of 18 or still in high school have greatly reduced duty requirements.

**Getting Started:**

Complete, sign and submit the Application for Membership. Include the following:

- Town of Christiansburg Driver Record Request Form (if 21 or over).
- Completed and signed National Background Screening Form.
- Completed and Signed Christiansburg Rescue Observer Form.
- Copies of any EMS certifications, including CPR.

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

Christiansburg Rescue

Attn: Membership Officer

100 East Main Street

Christiansburg, VA 24073

The Membership Officer or a committee member will contact you to discuss the next steps.

If you have any questions, please contact: **[membership@christiansburgems.org](mailto:membership@christiansburgems.org)**



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## Volunteer Member Application

### Contact Information

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Apt  
\_\_\_\_\_  
City State Zip

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please list preferred method of contact: \_\_\_\_\_

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 long do you plan to reside in this area?

\_\_\_\_\_ Two years or less \_\_\_\_\_ Three to five years \_\_\_\_\_ More than five years / permanent

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

## Schedule

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

Use these hours as a guide:

Days: 6 AM until 6 PM

Nights: 6 PM until 6 AM

\*\* Our shifts do not always mirror these hours \*\*

Place a "YES" or "MAYBE" in the boxes that best indicate your availability. Actual schedule will be discussed at the membership interview.

|           | DAYS | EVENINGS | NIGHTS |
|-----------|------|----------|--------|
| MONDAY    |      |          |        |
| TUESDAY   |      |          |        |
| WEDNESDAY |      |          |        |
| THURSDAY  |      |          |        |
| FRIDAY    |      |          |        |
| SATURDAY  |      |          |        |
| SUNDAY    |      |          |        |

### YOUR CURRENT VIRGINIA EMS CERTIFICATION

None   
  EMT   
  EMT-E   
  EMT-I   
  EMT-P (Check highest level)

Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

### OTHER CERTIFICATION

Please indicate any additional related certifications:

- CPR
- EVOC
- Extrication
- Hazmat Awareness (or higher)
- Swift Water Rescue     Operations     Technician
- Rescue Diver     Public Safety Diver

\_\_\_\_ Other: \_\_\_\_\_

Have you ever been a member of any EMS or Rescue agency? \_\_\_\_ YES \_\_\_\_ NO

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

Agency Name:

Agency Phone Number:

Contact Person:

Dates you were a member: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Agency Name:

Agency Phone Number:

Contact Person:

Dates you were a member: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Agency Name:

Agency Phone Number:

Contact Person:

Dates you were a member: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

## EDUCATION

### High School

\_\_\_\_ Still a High School Student    \_\_\_\_ Graduated / GED    \_\_\_\_ Other

High School(s) attended: \_\_\_\_\_

### College or Vocational School

\_\_\_\_ N/A    \_\_\_\_ Current Undergraduate    \_\_\_\_ 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 #: \_\_\_\_\_

Email: \_\_\_\_\_

Length of time known: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Length of time known: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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 which, 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: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(Under 18)

#### **Remember to Submit:**

- Town of Christiansburg Driver Record Request Form (if 21 or over).
- Completed and signed National Background Screening Form.
- Copies of any current EMS certifications, including CPR.
- Christiansburg Rescue Observer Form