



BRIDGEWATER VOLUNTEER RESCUE SQUAD, INC.

10 Volunteer Drive • Post Office Box 268

Bridgewater, Virginia 22812

Emergency 9-1-1

(540) 828.3395

www.bridgewaterrescue.org

VOLUNTEER OPPORTUNITIES

Senior Volunteers

Senior Membership is available to persons aged sixteen (16) years or older. Senior Volunteers are required to attend monthly training drills, participate in fundraising activities, and pull twelve (12) hours of duty every other week for a total of 24 hours each month. Senior Volunteers must obtain Cardiopulmonary Resuscitation (CPR) certification within six (6) months of joining and Commonwealth of Virginia Emergency Medical Technician (EMT) or EVOC certification within two (2) years of joining. Members under the age of 18 who have not yet graduated from high school or obtained a GED must be students in good standing in an academic environment. They must maintain a passing average in all subjects as well as a minimum 2.0 grade point average (GPA) in school. Members in high school are only required to pull one half of the required duty during the academic year (September to May).

Associate Emergency Responder

Associate Emergency Responder Membership is available to persons aged sixteen (16) years or older as an alternative to Senior Membership. Associate Emergency Responders are required to attend monthly training drills, participate in fundraising activities, and pull six (6) hours of duty every other week for a total of 12 hours each month. Associate Emergency Responders must obtain Cardiopulmonary Resuscitation (CPR) certification within six (6) months of joining and Commonwealth of Virginia Emergency Medical Technician (EMT) or EVOC certification within two (2) years of joining. Members under the age of 18 who have not yet graduated from high school or obtained a GED must be students in good standing in an academic environment. They must maintain a passing average in all subjects as well as a minimum 2.0 grade point average (GPA) in school. Members in high school are only required to pull one half of the required duty during the academic year (September to May).

Support Member

The Support membership category is for persons who wish to help out with various tasks such as administrative work (data entry, paperwork, grant-writing, etc.), lawn care, facilities management, childcare or vehicle maintenance. Support membership is available to persons aged sixteen (16) years or older. Support members have no required duty or training requirements, but will assist the rescue squad as needed. Support members are not required but are encouraged to attend monthly training drills and monthly meetings. Support members do not respond to emergency calls.

Observer Program

The Observer Program was developed to allow persons with an interest in the rescue squad to receive some “hands-on experience” in the operations of a rescue squad before making a commitment and/or applying for membership.

Community Auxiliary

The Community Auxiliary of the Bridgewater Volunteer Rescue Squad, Inc. is a separate but integral part of the rescue squad. The Auxiliary raises funds to help support the rescue squad, and they assist the rescue squad during significant rescue incidents, severe weather, and social activities by preparing food for members. Persons interested in joining the Community Auxiliary should complete an Auxiliary Application that may be obtained through an Auxiliary member. Contact any rescue squad officer for more information.

VOLUNTEER TRAINING PERIOD

One of the advantages of the Bridgewater Volunteer Rescue Squad is that we offer several different types of volunteer opportunities to fit most individual situations. The various volunteer opportunities and their descriptions are outlined on the previous page.

There is a required 6-month training period for new Senior and Associate Emergency Responder volunteers. This period is used to help the new volunteer become familiar with the emergency equipment and people with which they will be working. During this time, the volunteer commitment is a little different than what is described on the previous page of this application. The 12 and 24 hour commitments for Senior and Associate volunteers respectively will become effective following the six month training period, and a permanent duty night will be chosen.

Support members will have a 6-month probationary period before being voted into full membership. During this period, it is expected that the new volunteer will identify his/her areas of interest and become an active participant in rescue squad activities.

Volunteer Training Period Differences:

1. New Senior and AER volunteers are required to pull duty in the station three times each month from 6:00pm to 10:00pm (a total of 12 hours each month for the first six months). There are assigned duty crews in the building during these hours each evening. Being in the station with the experienced crews allows the new volunteer to meet the experienced providers and with their assistance, complete a training packet that guides the new volunteer through the process of becoming acquainted with the equipment and procedures of the rescue squad.
2. New Senior and AER volunteers are expected to rotate through, and pull duty on, different evenings of the week during the six-month training period. There are several good reasons for this:
 - It gives the new volunteer the opportunity to meet as many of the current volunteers as possible.
 - Meeting different people will allow the new volunteer to experience differing teaching and care provider styles.
 - Upon completion of the six-month training period, the entire membership votes on the new volunteer's transition from Trainee to a permanent Senior or Associate Emergency Responder member. Having a wider variety of people who know the new volunteer and can speak to his/her skill and enthusiasm allows the current volunteers to make a better-informed decision.

We feel the 6-month training period is an essential element in preparing a new Senior or AER volunteer for a rewarding and meaningful experience as an emergency responder. Though this is a short period of time in what will hopefully be a long and lasting volunteer opportunity, we feel it is important that people applying to volunteer with the rescue squad fully understand the different commitments required during the training period.

We look forward to hearing from you soon and beginning your volunteer experience.

Bridgewater Volunteer Rescue Squad, Inc.

Our Mission

The Bridgewater Volunteer Rescue Squad, Inc. will provide, without charge, the highest quality professional pre-hospital emergency medical care and rescue services to all citizens of the community in time of sudden illness, injury, or disaster. These services are made possible through the efforts of volunteers who donate their time to respond to emergency calls and maintain high training standards, as well as the voluntary financial contributions of the community.

APPLICATION FOR MEMBERSHIP

Dear Applicant:

You must complete all appropriate sections of this application. Please print or type the required information. Membership with the Bridgewater Volunteer Rescue Squad, Inc. is at-will. No application, policy, procedure, or any statement made by a member or officer should be construed as a contract for any specific duration. Membership may be terminated at any time with or without cause.

MEMBERSHIP CATEGORY

- Senior Membership
- Associate Emergency Responder
- Support Membership

PERSONAL RECORD

Name: _____

Home Telephone: _____

Address: _____

Work Telephone: _____

City/State/ZIP: _____

E-Mail Address: _____

Other Address: _____

Cell/Other Telephone: _____

City/State/ZIP: _____

Social Security Number: _____

Date of Birth: _____ Age: _____

Gender: Male Female

Are you legal to work in the United States?

Yes No

Have you ever been a member of, or applied for membership to, this rescue squad under this or any other name?

Yes No

In case of an emergency, contact:

Name: _____

Relation: _____

Address: _____

Home Telephone: _____

City/State/ZIP: _____

Work Telephone: _____

EMPLOYMENT HISTORY

Present Employer: _____

Occupation: _____

Address: _____

Telephone: _____

City/State/ZIP: _____

Supervisor: _____

Description of Duties and Responsibilities: _____

May we contact your present employer? Yes No

EDUCATIONAL BACKGROUND

High School Attended: _____

Last grade completed: 9 10 11 12 Diploma/GED: Yes No

Graduation Year: _____ City/State: _____

College or University Attended: _____

Last year completed: 1 2 3 4 Post Graduate Other

Credit Hours Completed: _____ Degree/Certificate: _____

Graduation Year: _____ City/State: _____

MEDICAL HISTORY

Are you currently being treated for any medical conditions? Yes No

Are you currently under a physician's care for any medical conditions? Yes No

Do you routinely take any prescription or non-prescription medications? Yes No

Do you have any condition that would prevent you from lifting or exerting at least 35 pounds of force?
 Yes No

Have you ever been treated for a mental or psychological disorder? Yes No

If you answered yes to any of the above questions, please explain in detail: _____

CRIMINAL HISTORY

Have you ever been convicted of any crime(s)? Include misdemeanors, traffic offenses, and/or felonies.
Affirmative answers do not necessarily disqualify applicant. Yes No

If you answered yes, explain in detail (including persons, places, dates, and times): _____

May we check your criminal history record? Yes No

SERVICE ORIENTATION

Are you currently, or have you ever been, a member of any other fire, rescue or emergency services agency?
 Yes No

If so, which organization(s): _____

May we contact your superior officer regarding your service? Yes No

Are you currently a member of any other community service organization? Yes No

If so, which organization(s): _____

Have you ever been denied membership, had disciplinary action taken against you, or been asked to resign by this or any other fire department, rescue squad, or emergency services agency? Yes No

If you answered yes, please explain in detail: _____

DRIVING RECORD

What type of driver's license do you hold? (Check all that apply.)

Standard License Commercial Driver's License Other No License

State of License: _____ License Number: _____ Expiration Date: _____

May we obtain a copy of your Driver's Transcript or Record? Yes No

EMERGENCY SERVICES TRAINING

List all fire, rescue, EMS, and/or emergency services training, experience, and certifications you hold. Include expiration dates and certifying state, department, or agency:

_____	_____
_____	_____
_____	_____
_____	_____

QUALIFICATIONS, SKILLS, AND TRAINING

List any special qualifications, skills, and/or licenses you hold. Include special courses, armed forces training, skills with machines, memberships in professional, scientific, or academic societies, work training programs, public speaking experience, and trade school backgrounds, etc.

Are you able to serve as an interpreter for any language(s)? Yes No

If so, which language(s)? _____

REFERENCES

List three (3) references (other than relatives) that have known you for at least one (1) year:

<input type="checkbox"/> Name: _____	Relation: _____
Address: _____	Home Telephone: _____
City/State/ZIP: _____	Work Telephone: _____
<input type="checkbox"/> Name: _____	Relation: _____
Address: _____	Home Telephone: _____
City/State/ZIP: _____	Work Telephone: _____
<input type="checkbox"/> Name: _____	Relation: _____
Address: _____	Home Telephone: _____
City/State/ZIP: _____	Work Telephone: _____

DESIRE STATEMENT

Why do you want to be a member of the Bridgewater Volunteer Rescue Squad, Inc.? _____

What skills, talents, or abilities do you have that would benefit the Bridgewater Volunteer Rescue Squad, Inc.?

Do you know any members of this rescue squad? Yes No

If so, who? _____

Were you recruited by a current member of this rescue squad? Yes No

If so, who? _____

CERTIFICATION

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

I hereby certify that the facts set forth in the above Application for Membership 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 will be disqualified from ever applying for membership with this rescue squad in the future. I understand that if I am accepted into membership, falsified statements on this application or omission of information may result in immediate dismissal.

The Bridgewater Volunteer Rescue Squad, Inc. is hereby authorized to make any investigation of my personal history, criminal history, driving record, and 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 membership is at-will and the Bridgewater Volunteer Rescue Squad, Inc. or authorized representative may terminate my membership with or without cause and with or without notice at any time.

Signature of Applicant

Date

OBSERVER GUIDELINES AND AGREEMENT ADDENDUM

Persons who desire to participate in the Observer Program of this rescue squad must complete the entire Application for Membership and this addendum prior to consideration. Please read the following information carefully and sign where indicated.

- a. Observers will follow the Code of Conduct for this rescue squad.
- b. Any person wishing to ride with the rescue squad on calls only to observe will be classified as an Observer. The Observer Agreement and Application must be filled out and returned to a member of the Membership Committee of the Bridgewater Volunteer Rescue Squad, Inc. before the Applicant will be allowed to ride along on an emergency call. If a person does not wish to ride as an Observer prior to being considered for membership, it is not necessary that he/she complete the Observer Agreement.
- c. An Observer Card must be presented to the ambulance crew each time before riding along on an emergency call. There will be a maximum seven (7) day processing period for the Application before a card can be issued. If approved, the Applicant will receive his/her card at the end of the processing period. Observer badges shall be worn when running calls.
- d. Observers will not be allowed to ride along on calls that possibly involve violence (i.e. fights, gunshot wounds, suicides, etc.) or on obstetrical calls.
- e. Recording devices or cameras are not allowed on any call. This includes the use of cellular telephone cameras or recording technology.
- f. Observers will be assigned to a rescue squad member on each call. The Observer must follow any and all directions given to him/her when on a call. There may be some situations when the assigned rescue squad member will ask the Observer to remain at a certain location or to assist in some way.
- g. Observers are encouraged to ask questions about the work the rescue squad does. The Observer should refrain from asking questions about a patient in the presence of the patient or the patient's family.
- h. Observers are reminded that any and all information about a patient and his/her condition is confidential.
- i. Observers must be at least sixteen (16) years of age to observe or become a member of the rescue squad.
- j. The Observer will ride in the back of the ambulance on the way to a call. The Observer may be asked to ride in the front on the way to the hospital, depending on the number of crewmembers and the situation.
- k. The rescue squad members on any call reserve the right to deny the Observer the opportunity to ride along. If the situation merits additional members on the crew, the Observer may be asked to stay behind.
- l. Observers are not allowed to be on rescue squad property, in an ambulance, etc. without the presence of a Senior, Associate Member, or Active Life Member.
- m. Observers may not be on rescue squad property, in an ambulance, on calls, or at rescue squad functions within eight (8) hours of consuming alcoholic beverages.
- n. The normal hours for observing are 1800-2200 hours. If it becomes necessary for an Observer to observe at hours other than those stated (for instance, during daylight hours), he/she should contact the Membership Director in order to make other arrangements. Observers may stay past 2200 hours if approved by the crew leader and if a full member remains in the building with the Observer.
- o. At any time, either party may terminate this agreement for any violation of the Observer Agreement, Standard Operating Procedures or Constitution, or any concern revealed by the investigation of the Application for Membership.
- p. If the Application is approved, the Observer Card will be issued for a period of no longer than thirty (30) days. At the end of the period, the Observer agrees to turn in his/her Observer Card to the rescue squad. If he/she wishes to extend the Observer period, he/she must submit a request to the Membership Director. Only one (1) extension is allowed, and will last no longer than thirty (30) days.

I have read and understand these guidelines, and I will adhere to them. I agreed not to hold the Bridgewater Volunteer Rescue Squad, Inc. liable for any injury, illness, disability, or loss of limb or life that I might sustain while participating in the Observer Program.

Signature of Applicant

Date

MINORS MEMBERSHIP ADDENDUM

If approved for membership, any person aged sixteen (16) to eighteen (18) years who has not yet graduated from high school or obtained a GED will be considered to be a minor by the Bridgewater Volunteer Rescue Squad, Inc. He/she will be required to adhere to the membership standards and procedures set forth in the SOP. In addition to the Application for Membership, applicants in high school are required to complete the following information:

Parent/Guardian: _____

Home Telephone: _____

Address: _____

Work Telephone: _____

City/State/ZIP: _____

Do you presently live with the above named parents or guardians?

Yes

No

To the applicant:

In order to ensure high academic standards, you must provide a copy of your last grading period's report. Please attach a copy to the last page of this application.

You must obtain the signature of your parent/guardian giving you permission to apply for membership. Said signature should be documented in the appropriate location below.

Further, you must obtain the signature of your school principal, or representative, verifying that you are a student currently in good standing (both academically and behaviorally) at your school. Said signature should be documented in the appropriate location below.

To the parents/guardians of the applicant:

As a minor with the Bridgewater Volunteer Rescue Squad, Inc., your son or daughter will be expected to adhere to the membership requirements, policies, and procedures set forth for members currently enrolled in high school. Additionally, minors are expected to treat other members and officers with respect, follow directions, and maintain high academic standards.

The Bridgewater Volunteer Rescue Squad, Inc. makes every effort to prevent minors from being exposed to sights, sounds, or situations that may be disturbing to them; however, as pre-hospital care providers, your son or daughter may occasionally see traumatic illnesses, injuries, or circumstances. We welcome parental input and participation. If you have concerns, questions, or reservations, please do not hesitate to contact us. Direct your inquiries to the Membership Director.

After reading the above information, I hereby give permission for _____
to apply for membership with the Bridgewater Volunteer Rescue Squad, Inc.

Signature of Parent/Guardian

Date

To the principal or school representative:

This student has made application for membership with the Bridgewater Volunteer Rescue Squad, Inc. This rescue squad requires that minors, those between the ages of sixteen (16) and eighteen (18) who have not yet graduated from high school or obtained a GED, be students in good standing both academically and behaviorally. If approved for membership, he/she will be required to maintain a minimum 2.0 grade point average (GPA) and passing grades in all subjects during each grading period.

Your signature below verifies that the applicant is a student at your school and is currently meeting the standards as stated above. If you have questions or concerns, please do not hesitate to contact us. Direct your inquiries to the Membership Director.

Signature of Principal/Representative

Date

FOR OFFICE USE ONLY

Membership Director/Committee Action

Application Review

Reference Check

Criminal History Check

Date: _____

Signature: _____

Executive Committee Action

Probationary Member Accepted: Yes No Date: _____

Trainee Member Promotion: Yes No Date: _____

Permanent Member Recommended: Yes No Date: _____

If No to any above, state reason: _____

Membership Action

Permanent Member Accepted: Yes No Date: _____

Dismissal: Date: _____

Reason: _____

Resignation: Date: _____

Reason: _____

Other
