

Harrisonburg Rescue Squad, Inc.

1700 Reservoir Street
Harrisonburg, Virginia 22801
540-434-2323

Dear Applicant:

Thank you for your interest in the Harrisonburg Rescue Squad, Incorporated ("HRS"). HRS is an all-volunteer emergency medical services agency of approximately 150 active members that serves the City of Harrisonburg and parts of Rockingham County. We provide emergency care to all medical emergencies within our immediate response area and sometimes to neighboring cities and counties. We also work jointly with the city and county fire departments on fire and hazardous material incidents, providing medical assistance if needed.

To answer the more than 8,500 911 calls we respond to per year, we rely on dedicated, capable, and responsible volunteers willing to devote many hours each month to HRS. To that end, we offer four basic types of membership: patient care (senior/associate), driving, special operations, and administrative. These basic membership types are described fully on page 2. HRS offers several self-scheduling shift options for members who answer 911 calls. Administrative members set their own volunteer schedules with no minimum time commitments.

Volunteering to answer 911 calls with HRS is very different from volunteering in other venues. Emergency Medical Services is intellectually, physically, and emotionally demanding. You will be expected to independently demonstrate knowledge, skill, and performance competencies to HRS standards within a matter of months. HRS and its current members will invest significant time and funds to train you; therefore, we seek only applicants who are willing to work diligently to meet all membership requirements in a timely manner. Each new member (other than administrative and driving members) must enroll in an Emergency Medical Technician class. Each new member (other than administrative) must complete an Emergency Vehicles Operations Course within the first four months of membership.

Behind the scenes are individuals who provide administrative support in the areas of accounting, inventory, fleet maintenance, correspondence, fundraising, information technology, and any other conceivable administrative task. These individuals are highly valued members of HRS. HRS seeks dependable members who offer either a specialized skill, or simply time to support our complex administrative needs.

HRS appreciates your interest in membership, and we encourage you to learn more about HRS at www.harrisonburgrescue.org. As a member of the Harrisonburg Rescue Squad, you would make a tremendous and positive impact on the community. If you have any questions, feel free to call us at 540-434-2323 or email us at the address below.

Sincerely,

Hilary Jacobson
Membership Chair
membership@harrisonburgrescue.org
<http://www.harrisonburgrescue.org>

The Application Process

Applications are due on the 15th of each month. This allows adequate time for the processing of applications, and receipt of background checks prior to the Board of Directors of the following month. It takes approximately 3 months to fully process an application and for accepted members to begin running shifts. Please plan accordingly.

Example Timeline: if a complete application is submitted January 15th, interviews will be at the end of January. Application will be presented to the Board of Directors in February, and if accepted shifts will begin in March.

Stage

Events

Pre-Application Submission

Participate in one (mandatory) or two (optional) observer shifts. These can be self-scheduled at <http://www.harrisonburgrescue.org/observe>

Consider whether you can commit independently demonstrate knowledge, skill and performance competencies to HRS standards within a matter of months.

Application Submission
(Due the 15th of each month)

Submit your complete application packet: Application, recent DMV history, copy of current CPR card, Fingerprint card, and copies of other relevant certifications. **Please add membership@harrisonburgrescue.org to your e-mail contacts to ensure prompt communication regarding your application.**

Interview

Within a month of submitting a **complete** application, HRS will contact you for a half-hour interview. The interview will provide HRS the opportunity to describe HRS expectations and the typical HRS member experience. The interview will also provide you the opportunity to convey your interest in and qualifications for membership and to ask any questions you have about membership.

Application Consideration

At the next Board of Directors meeting following the interview, the Board of Directors will consider your application and determine whether to accept you as a member. The Board of Directors typically meets the first Monday of each month.

Notification

You will be notified of the Board of Directors' decision via the email address you provide in your completed application

Training Academy

Once accepted, new members are expected to attend a Training Academy, which is similar to a new member orientation, either that month or the next. Training Academy typically occurs during an eight-hour period spread out over one weekend.

Probationary Period

After completing Training Academy, new members begin their shifts with HRS. Additionally, these new members are welcome at the station to answer 911 calls or perform administrative duties at any time.

During the first six months of membership, probationary members participate in training and receive significant support and feedback from HRS.

Membership Categories

<u>Membership Category</u>	<u>EMT¹</u>	<u>EVOC²</u>	<u>Shifts or Hours Per Month³</u>	<u>Special Requirements</u>
Senior	✓	✓	6 shifts or 48 hours	Perform patient care and drive emergency vehicles.
Driving	preferred	✓	6 shifts or 48 hours	Drive emergency vehicles, and assist the Attendant-in-Charge. No patient care is optional
Associate (general)	✓	✓	4 shifts or 30 hours	Current employment in a field comparable to emergency medical services or special circumstance.
Associate (medic)	✓	✓	3 shifts or 24 hours	VA certified Intermediate or Paramedic who are released at the Intermediate or Paramedic level in CSEMS/TJEMS.
Special Operations	preferred	✓	4 shifts or 24 hours	Holds Class III EVOC and extrication certifications with previous experience in technical rescue.
Junior	✓		6 shifts or 48 hours	Highly mature and responsible 16 or 17 year olds, with parent/guardian permission.
Administrative			None – hours are self-determined	Offers either a specialized skill or is interested in performing or assisting with routine administrative tasks.

¹ Must be enrolled in an Emergency Medical Technical class within 6 months of joining, unless otherwise noted.

² Must complete an Emergency Vehicles Operations Course within 4 months of joining, unless otherwise noted.

³ Monthly requirements are met by completing either the minimum shifts or hours. Shifts are created in 6 or 12 hour increments.

Membership Application

I am applying as a:

Senior Member (Most Applicants)

Driving Member

Associate Member (Current Healthcare Employment)

Associate Medic Member

Special Operations Member

Junior Member

DEMOGRAPHICS

Legal Name (Required): _____
Last First Middle Initial

Preferred Name: _____

Personal E-mail Address (Required): _____

Date of Birth: _____ Age: _____ SSN: _____
MM/DD/YYYY

Permanent Address: _____
Number and Street

City State ZIP

Cell (Contact) Phone Number: _____ Cell Phone Provider: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

EMS CERTIFICATIONS *(Copies of certifications must be attached)*

CPR Expiration Date (Required): _____

Virginia EMT Certification Number: _____
(Note: EMT certification is NOT required in order to apply)

Expiration Date: _____

Emergency Vehicle Operations Course Certification Level: N/A 1 2 3
(Circle One)

Expiration Date: _____

Other Certifications (please list if applicable):

PREVIOUS EMS EXPERIENCE

Have you ever been a member of the Harrisonburg Rescue Squad? YES NO

If yes, please list how long you were a member and on what condition you ended membership (resignation/removal from membership) and a brief explanation of why.

Have you ever been a member of any other fire or rescue agency? YES NO

If yes, please list the agency names and the dates of beginning and end of membership, and describe any disciplinary action imposed on you by those organizations:

EDUCATION

High School: Years completed (*Circle one*) 1 2 3 4

Diploma: YES NO

if no:

GED: YES NO

University/Vocational Schooling: Years completed (*Circle one*) 1 2 3 4 5

School: _____ Degrees Earned: _____

For Current Students ONLY:

School currently attending: _____

Expected Date of Graduation: _____
MM/YYYY

Circle Year: Freshman Sophomore Junior Senior Other

Major and Concentration: _____

Post-Graduation Plans / Possible Career: _____

OBSERVER SHIFT

You must complete ONE observer shift as a part of your application. To schedule one, you can visit <http://www.harrisonburgrescue.org/observe> (preferred) or call the station at 540-434-2323 Monday through Friday from 9am-5pm. Observer shifts are available daily from 7am-1pm, 1-7pm, or 7-11pm, schedule permitting.

Observer Shift Completed: _____
MM/DD/YYYY TIME OF SHIFT ATTENDANT IN CHARGE

How did you hear about HRS? _____

EMPLOYMENT

Current Employer: _____ Phone Number: _____

Length of Time Employed: From: _____ To: _____
MM/YYYY MM/YYYY

Description of Job Requirements:

PROFESSIONAL REFERENCES

(Please list Name, Relationship, and Contact E-Mail Address for **THREE** professional or academic references)

NAME	RELATIONSHIP	CONTACT E-MAIL ADDRESS
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

HARRISONBURG RESCUE SQUAD AGENCY CONTACTS

(Please list the names of up to **THREE** current Harrisonburg Rescue Squad members that you know and the capacity in which you know them. If you do not know any current members then you may skip this section.)

NAME	RELATIONSHIP
1) _____	_____
2) _____	_____
3) _____	_____

Statement of Commitment to the Harrisonburg Rescue Squad

I, _____, hereby apply for membership with the Harrisonburg Rescue Squad, Inc. and understand the following:

1. I grant the release of any information that may be helpful to the Harrisonburg Rescue Squad, Inc. in an investigation of my background in consideration for membership.
2. If accepted, I agree to abide by all federal, state, and local laws, the bylaws, policies, and rules of the Harrisonburg Rescue Squad, including the agency's standard operating guidelines
3. At any time, I can be asked to resign or be dismissed from membership from the Harrisonburg Rescue Squad.
4. Harrisonburg Rescue Squad requests at least a one-year commitment.
5. If accepted, I will fulfill my monthly membership requirements as outlined in the Membership Categories section for EACH MONTH of my membership to the agency, including summer and winter breaks from school.
6. If accepted, I must maintain current CPR certification and a copy of my current card must be on file with the agency.
7. If accepted, I am required to enroll in an EMT class within SIX MONTHS of joining (except driving or junior members).
8. If accepted, I am required to complete an Emergency Vehicle Operator Certification course within FOUR MONTHS of joining (except junior members & those with less than 3 years driving experience).
9. If accepted, I will abide by training expectations and progression outlined by the training committee, and failure to do so may result in termination from the agency.
10. If accepted, I will attend monthly training meetings and the annual business meeting (except administrative members).
11. I give permission for the Harrisonburg Rescue Squad to pull my driving record from the DMV at any point during the duration of my membership.
12. I agree to be contacted via any of the information included in the Demographics section of this application and will update my contact information as necessary. I understand that sensitive information will be transmitted via this address and will ensure the safekeeping of such information.
13. I agree to inform the Harrisonburg Rescue Squad in a timely manner of any criminal or traffic charges or convictions for the duration of my membership.
14. All Information included in this application is truthful and accurate to the best of my knowledge. I understand that any misinformation found may be grounds for immediate dismissal.

Signature: _____

Signature of Parent/Guardian (if under 18): _____

Date: _____
MM/DD/YYYY

Criminal History Record Verification Process Information Sheet

General Information:

Effective July 1, 2014 the Virginia Office of EMS requires⁶ all individuals seeking membership or employment with an EMS agency to complete a new background check procedure. By completing and submitting this background check, the applicant grants the release of their information to the Harrisonburg Rescue Squad. If not completed, the applicant WILL NOT be considered for membership. Each individual will have to have their fingerprints electronically scanned or "inked" onto a fingerprint card. These are submitted to the Virginia Office of EMS and then submitted to the FBI where a criminal background check will be conducted. Upon completion, the Virginia Office of EMS will submit results to the agency regarding if the applicant is *eligible* or *not eligible* for membership or employment. Criteria for disqualifying offense are referenced in the Virginia EMS Regulations, which can be found on this website:

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-910>

Procedure:

1. Pick up a Fingerprint card from the Harrisonburg Rescue Squad at 1700 Reservoir Street.
2. Take the provided fingerprint card to the Harrisonburg Police Department or James Madison University Police Department. ***DO NOT FOLD THE FINGERPRINT CARD.***
3. Inform them that you are applying for membership with a rescue squad and need to have your fingerprints scanned for a background check. There is no cost to the applicant for having their fingerprints taken. They will complete your fingerprint scanning and return a finished fingerprint card to you.
4. Once completed, return the completed fingerprint card to Harrisonburg Rescue Squad's administrative assistant, Arika, for proper processing. Please submit fingerprint card separate from application. If Arika is unavailable, inform receiving Harrisonburg Rescue Squad member that the completed form must immediately be placed in Arika's locked mailbox in the dayroom.
5. Arika will process the fingerprint card for HRS, and mail it to the Virginia Office of EMS for continued processing.

NOTE: Any folded or bent fingerprint card **WILL NOT** be accepted & must be re-obtained by the applicant.

Locations:

Harrisonburg Police Department	James Madison University Police Department
101 N. Main Street	821 S Main Street
Harrisonburg, VA 22802	Harrisonburg, VA 22807
Hours: Tu-Fri 8am -4:30pm (except holidays)	Hours: Any (except holidays)

ACKNOWLEDGEMENT STATEMENT *(SIGNATURE REQUIRED)*

I have read and understand that completing the background check is REQUIRED for application processing and the process is dependent upon the applicant for completion

Signature: _____

COVER LETTER

Attach a TYPED Cover Letter to your application that explains why you want to become a member and why you should be a member of the Harrisonburg Rescue Squad.

Your application is **INCOMPLETE** without this **TYPED** Cover Letter

I have attached a typed Cover Letter to my application.

YES NO

APPLICATION CHECKLIST

Below is a list of **REQUIRED** materials for your application to be considered complete. Your application **WILL NOT** be considered unless the following criteria are met:

- Application filled out completely, including signatures on pages 6, 7 and 8
- Attached **TYPED** Cover Letter
- Copy of current CPR certification
- Copy of official driving history, current within the last 30 days
- Mandatory Observer Shift Completed
- Copy of any EMS certifications you currently hold (if applicable; ex: EMT, EVOC, etc.)

I understand that by not submitting or completing the required provisions above that my application will be considered **INCOMPLETE** and I **WILL NOT** be notified of its incomplete status by any member of the Harrisonburg Rescue Squad.

Signature: _____