



STUARTS DRAFT RESCUE SQUAD, INC.

MEMBERSHIP APPLICATION

Hello Prospective Member!

Thank you for your interest in the Stuarts Draft Rescue Squad. Please fill out the attached application entirely and return with your DMV record. Our application process is as follows:

- Applicant fills out and completes application including:
 - Membership application
 - DMV record request form
 - OEMS Fieldprint for fingerprints (as of January 1, 2020)
- Membership Committee receives packet and will waiting for OEMS to send eligibility for membership to us.
 - **This can take up to 1 month for results to be returned. ****
- Membership will contact Applicant with results when they have been received.
- If eligible, Membership Committee will set up 3 Observer Shifts with the Applicant.
- Applicant interview with Membership.
- After 3 observer shift have been completed, your application will be brought before the SDRS membership to be voted on.
 - **Meetings are held on the second Thursday of every month. ****
- Membership Committee will contact Applicant with results of if they were accepted into membership of SDRS or not.

You may keep this form to know what step of the process you are in. If you have any questions, please contact us at (540) 337-2528.

We look forward to meeting with you!

SDRS Membership Committee



STUARTS DRAFT RESCUE SQUAD, INC.

MEMBERSHIP APPLICATION

Form 1. Membership Application (2 pages)

Form 2. Junior Release Form (18 and under)

Form 3. DMV request

Applicant must fill out and take to DMV, returning original to squad, or you can go online and print out DMV record. Return record with application.

Form 4. Background check Fieldprint/OEMS portal (2 pages)

Prior to scheduling your fingerprints with Fieldprint, you are required to create an OEMS portal account to obtain a unique 9 digit OEMS # and affiliate in the OEMS portal with the EMS agency you are applying to (SDRS). You must provide your personal 9 digits OEMS# when submitting fingerprints to the Office of EMS.

****After Filling out and application please return to rescue squad building. Attach any certifications. (i.e. CPR, EMT, EVOC, etc.) ****



STUARTS DRAFT RESCUE SQUAD, INC.

MEMBERSHIP APPLICATION

I am applying for: Full membership (48 hours/month) Associate Membership (12 hours/month)
 Junior Membership (12 hours/month, applicants under 21 y/o)

Available to run: Day Night Either Weekend only

Date application submitted: _____

Name: _____

Address: _____

Mailing Address (If different from above): _____

Phone: Home _____ Work: _____ Cell: _____

Email address: _____

Date of Birth: _____ SSN: _____-_____-_____

Spouse/Parent/Guardian: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Address: _____

Are you now, or have you in the past been affiliated with any Fire or Rescue Agency? Yes No

If yes, may we contact the chief of the agency? Yes No

Name and phone number: _____

If no, please Explain: _____

Have you been convicted of any law violation(s), including traffic violations? Yes No

If yes, please explain: _____

List three (3) persons not related to you and are not squad members who can be contacted for references:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

List names of friends or relatives who are presently members of the Stuarts Draft Rescue Squad:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Use this space for any additional information that you think would help us evaluate your application, including any training or specialized skills. Attach a copy of all current certifications, if applicable.

Explain why you wish to become a member of the Stuarts Draft Rescue Squad:

I hereby certify that all information on this application is true, correct, and complete. I also understand that all information is subject to verification and given my consent for representatives of the Stuarts Draft Rescue Squad to check such information that I have presented. I also authorize a criminal background check and a DMV report of myself by the squad. I further authorize the use of such information received for consideration of membership. I will follow Bylaws & General Rules of the Squad.

Applicant signature _____ Date _____

How did you learn about the rescue squad?

_____ Local, regional, or State EMS office

_____ Current member

_____ TV, newspaper, or Radio

_____ Brochure or poster

_____ Presentation, demonstration, or exhibit

_____ School

_____ Other

EMS Training

_____ CPR

_____ First Responder

_____ EMT: Level

_____ Other: Please List

What is your area of interest:

_____ Patient Care

_____ Training

_____ Driver

_____ Admin



STUARTS DRAFT RESCUE SQUAD, INC.

MEMBERSHIP APPLICATION

Junior Release Form

We, the undersigned parents or legal guardians, do hereby give permission for our child _____ to become a member of the Stuarts Draft Junior Rescue Squad. We also accept responsibility for any equipment willfully destroyed or damaged by our child. We also give permission for our child to ride on an emergency vehicle.

To participate in the delivery of health care can be a very rewarding experience. However, the responsibilities of an ambulance attendant are great and at times are extremely stressful. The balance of life may rest with the actions taken by attendant. The consequences of such situations can be positive; but can also be a source of frustration, guilt, and psychological injury for the attendant. Emotional injury is not the only health consideration that needs to be addressed. Physical injury is also a very real possibility. Attendants are at a greater risk of infectious diseases, hazardous environments, and violent behaviors. The Rescue Squad tries to train members how to deal with these situations as much as possible.

The maturity and experience in dealing with critical decisions is of the utmost importance. By signing this document, you agree that your daughter/son has the capabilities of managing these mature matters.

Mr. _____

_____ Date

Mrs. _____

_____ Date



STUARTS DRAFT RESCUE SQUAD, INC.

MEMBERSHIP APPLICATION

Preferred Contact Information

Phone: _____

Email: _____

Mailing Address: _____

Please indicate below your preferred contact information. Almost all communication from SDRS will be email; however, this will be your official contact information for all things outside of regular communication.

Phone

Email

Mailing Address

Member Signature

Date

STUARTS DRAFT RESCUE SQUAD, INC.

**P. O. BOX 260
STUARTS DRAFT, VA 24477**

Business 540-337-2528

EMERGENCY 911

Fax 540-337-3581

Date _____

Virginia Department of Motor Vehicles:

This is a request for a copy of the driving records for : _____

Name

Driver's License Number

The above person is a volunteer member of the Stuarts Draft Rescue Squad.

Thank you.



Rescue Squad Chief or President

(Must be original signature, NO copies)

OEMS Portal Account

1. Go to: <https://vdhems.vdh.virginia.gov/emsapps/f?p=200:16>
2. Do you have a portal Account with OEMS? Most likely you do not so check “NO”.
3. You will then enter your social security number.
4. Fill out personal info and other info on next page.
5. Be sure and put Stuarts Draft Rescue Squad down as the agency.
6. Then hit submit application.
7. You should get a 9-digit number this will need to go on your fingerprint application the day you get your fingerprints so that we will be alerted to you request.
8. Please contact the Membership chair once you submit your application so that we can accept you as a member and will be notified by OEMS that you are eligible for membership.



New Member- Non EMS/EMS provider

To schedule fingerprinting appointment, please follow these instructions.

1. Visit <http://fieldprintvirginia.com>
2. Click on "Schedule an Appointment" button
3. Enter email address under "New users/sign up" button. Follow the instructions for creating a password and security question and then click "sign up and continue"
4. Enter the Fieldprint code provided:

Non EMS- FPV999NC

EMS- FPV1041C

5. Enter the contact and demographic information required by the FBI and schedule a finger print appointment at the location of your choosing.
6. At the end of the process, print the confirmation page. Take the confirmation page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact our customer service team at 877-614-4364 or customerservice@fieldprint.com

OEMS agency license number # 00364

OEMS EMS provider number field: N/A

If you need some clarification or have questions:

Augusta County Fire/Rescue

Cathy Humphreys chumphrys@co.augusta.va.us

Minday Craun mcraun@co.augusta.va.us

540-245-5624