

**FOREST VIEW VOLUNTEER RESCUE SQUAD, INC.**  
MEMBERSHIP APPLICATION [PLEASE PRINT]

Probation: _____
Date Active: _____
Membership: _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
FULL LEGAL NAME

\_\_\_\_\_  
Name Called By

\_\_\_\_\_  
Street Address

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Date of Birth Sex

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Employer

\_\_\_\_\_  
School

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Work Phone

Training Certifications (list expiration date):

- |       |                    |       |
|-------|--------------------|-------|
| _____ | CPR                | _____ |
| _____ | Advanced First Aid |       |
| _____ | First Responder    |       |
| _____ | EMT- A/B           |       |
| _____ | EMT- C             |       |
| _____ | EMT- P             |       |
| _____ | Other Training     | _____ |

\_\_\_\_\_  
Cell Phone

Previous Volunteer Experience

- EMS \_\_\_\_\_
- Fire \_\_\_\_\_
- Community \_\_\_\_\_
- Church \_\_\_\_\_
- School \_\_\_\_\_
- Other [specify] \_\_\_\_\_

How did you learn of our Rescue Squad?

- |                            |                              |
|----------------------------|------------------------------|
| _____ Current member       | School [specify] _____       |
| _____ Brochure             | _____ Sign at Squad Building |
| _____ Radio, TV, Newspaper | _____ Demonstration          |
| _____ Mail Presentation    | other [specify] _____        |

**HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A MISDEMEANOR OR FELONY? \_\_\_\_\_**  
If yes, elaborate fully on the reverse side.

Explain the reason you would like to join our Rescue Squad. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been immunized against Hepatitis Type B? \_\_\_\_\_ If yes, give location and date of immunization: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

_____ Name			_____ Relationship
_____ Street Address			_____ Home Phone
_____ City	_____ State	_____ Zip	_____ Work Phone

Have you been a member or employee of another EMS agency [paid or volunteer]? \_\_\_\_\_  
If yes, please specify the Chief of Operations and/or President of ALL your former EMS agencies.

EMS Agency: \_\_\_\_\_ [back may be used if necessary]

Street Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Chief or President Phone Number

I \_\_\_\_\_, do agree to abide by all rules and procedures of Forest View Volunteer Rescue Squad, Inc. as outlined by the Constitution and Bylaws and by the Operations Rules of the organization.

I also agree to return any and all property to Forest View Volunteer Rescue Squad, Inc. that has been issued to me as a member upon leaving the squad under any circumstances.

\_\_\_\_\_  
Signature Date

Return all membership application materials to:  
Forest View Volunteer Rescue Squad, Inc.  
Attention: Vice President  
Post Office Box 36153  
Richmond, VA 23235-8003



# Forest View Volunteer Rescue Squad, Inc.

*A Tradition of Neighbors Helping Neighbors*

*Station 1-Richmond  
5327 Forest Hill Avenue*

*Station 2-Midlothian  
901 Grove Road*

*Station 3-Bon Air  
8008 Midlothian Turnpike*

*Mailing Address  
P.O. Box 36153  
Richmond, VA 23235  
(804) 330-2574*

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by a duly elected officer, or a representative appointed by the Board of Directors, of the Forest View Volunteer Rescue Squad whether the said records are of public, private or confidential nature.

The intent of this information is to give my consent for full and complete disclosure of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports and efficiency ratings, complaints or grievances filed by or against me; records of complaint, arrest, trial and/or convictions for alleged or actual violations of laws, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I have presently have, or have had, an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for membership by the Forest View Volunteer Rescue Squad, Inc.

I agree to release, indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, loses and expenses including reasonable attorneys' fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature [full legal name]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print full legal name

