



Greater Manassas Volunteer Rescue Squad

P.O. Box 123
Manassas, Virginia 20108-0123

www.gmvrs.org
703-361-2030

APPLICATION FOR MEMBERSHIP

Thank you for your interest in the Greater Manassas Volunteer Rescue Squad (GMVRS). Please complete this application fully and submit it in person to our Station located at 9322 Center Street, Manassas, VA, or by mail to Membership@gmvrs.org. Information about training and membership requirements is available on the GMVRS website at www.gmvrs.org.

Membership Type Sought (circle one):

Active (Note: If Active application, what night(s) of the week are you available to volunteer (shifts start at 5:00pm and end at 7:00am) (circle):

Sunday Monday Tuesday Wednesday Thursday Friday

Junior (Note: If Junior application, you must attach a copy your most recent grade report)

| A. Personal Data | | | |
|-------------------------------|---|------------------------------------|--|
| Name (First, MI, Last): | | | |
| Address (street, city, zip): | | | |
| Phone (H): | | Phone (C): | |
| Phone (W): | | Email: | |
| Social Security No.: | | Drivers Lic (St. & No.) | |
| Date of Birth: | Age | US Citizen (circle): Y N | |
| Military Veteran (circle) Y N | Branch Served: | Honorably Discharged (circle): Y N | |
| Gender: Male Female | Race: Black White Asian/PI Native American/AK Other | | |

| B. Education | | |
|---|---|--|
| High School (name, city/county, state) | | |
| Current Grade: | Year Graduated (attach copy of diploma or GED): | |
| College or Post-HS Institution attended (name, location): | | |
| Years attended: | Major field of study: | Year Graduated (or number of credits completed): |

| C. Work Experience | | |
|--|-----------------------|-----|
| Current Employer (name): | | |
| Employer Address: | | |
| Phone: | Year/months employed: | |
| Occupation title: | Major duties: | |
| Have you ever been terminated for cause (e.g. misconduct) from a job? | | Y N |
| Have you ever quit a job after being notified you were going to be terminated? | | Y N |

| D. Fire/EMS Experience | |
|--|------------------------------------|
| Have you ever been an active member of a Fire Department and/or Rescue Squad? (circle) | Y N |
| If yes, provide the name of Department or Squad, and its address: | |
| Phone: | Years/months of active membership: |
| Name of Contact Person: | What was your reason for leaving? |

| E. Current Fire/EMS Training and Certifications (check Y or N) (attach copies of any certifications to your application) | | | | |
|--|---|---|-----------------------------------|-----------------|
| Certification or Training | Y | N | Expiration Date or Date Completed | Certification # |
| CPR for Health Care Providers | | | | |
| EMT - Basic | | | | |
| EMT - Intermediate | | | | |
| EMT - Paramedic | | | | |
| EVOC – II | | | | |
| EVOC - III | | | | |
| HazMat Awareness | | | | |
| NIMS – ICS 100 | | | | |
| NIMS – ICS 200 | | | | |
| NIMS – ICS 700 | | | | |
| NIMS – ICS 800 | | | | |
| Firefighter level 1 | | | | |
| Firefighter level 2 | | | | |
| Other (specify) | | | | |

F. Background Information

| Please check the appropriate answer. | Y | N |
|--|--------------------------|--------------------------|
| 1. In the past ten (10) years, have you been convicted of any non-traffic misdemeanors or felonies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you possess a valid Virginia driver license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your driver license currently restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any point violations on your driver license in the past five (5) years? If “yes”, please state offense(s) committed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. By signing this application, you grant GMVRS permission to access your Virginia Driving Record, via the VDOT web site, to verify your eligibility to operate CMFRD apparatus. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. EMS duties require a moderate physical fitness level, in which the provider may be expected to: lift and carry objects weighing up to 70 lbs; to walk and run, twist, drag heavy objects, stoop, kneel, and climb/descend multiple flights of stairs; work long hours without sleep; and perform continuous CPR for up to 5 minutes. Based on your knowledge about your personal health and fitness, do you believe you are currently able to safely perform these functions without risking adverse health consequences or injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. As a condition of membership, the GMVRS requires that all active members pass a job-related physical agility test to demonstrate their ability to meet the physical demands of EMS service. Do you consent to taking the prescribed GMVRS physical agility test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Manassas City Code requires that all Fire and EMS providers receive and pass a medical examination provided by a licensed physician at City expense as a condition of membership. In addition, applicants and members will be subject to drug testing in accordance with GMVRS policy. Do you consent to these requirements? | <input type="checkbox"/> | <input type="checkbox"/> |

G. References

List two references at least 18 years old who are not relatives or people living with you, who have known you for sufficient time to render an informed assessment of your character and integrity.

| | | | |
|--------------|--|-------|--|
| 1. Name | | | |
| Address | | | |
| City/State | | | |
| Phone | | Email | |
| Relationship | | | |
| | | | |
| 2. Name | | | |
| Address | | | |
| City/State | | | |
| Phone | | Email | |
| Relationship | | | |

| H. Emergency Contact Person | |
|-----------------------------|---------------|
| Name: | Relationship: |
| Address: | Phone: |

| I. Agreement | |
|--|-------|
| <p>I certify that the answers given are true and complete. I hereby grant the Greater Manassas Volunteer Rescue Squad (GMVRS) permission to contact cited references, government agencies that maintain driving records, and law enforcement agencies to obtain information contained in their record systems for use in conducting inquiries concerning my suitability as a volunteer EMS provider for the GMVRS. I understand that the information obtained will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need to know.</p> <p>I understand that any misrepresentation or falsification on this application will be grounds for termination, dismissal, or discontinuation of further consideration for membership. I further understand that in the event I become a member of the GMVRS, I will be required to abide by the GMVRS policies, rules, and protocols.</p> <p>By signing below, I certify that I have read and agree with these statements.</p> | |
| Applicant's name: | |
| Applicant's signature: | Date: |

| J. Parent/Guardian Permission for Junior Applicants (under 18 y/o) | |
|---|-------|
| <p>This is to give permission for _____ to pursue membership and participate in the GMVRS Junior EMS program according to guidelines and policies of the GMVRS.</p> | |
| Name of Parent or Guardian: | |
| Signature of Parent or Guardian: | Date: |

| For Official Use Only | |
|-----------------------|--|
| Interview Date | |
| Interviewers | |
| Recommended Action | |
| Comments/Follow up | |