



Bridgewater Volunteer Rescue Squad, Inc.

Application for Membership

10 Volunteer Drive * P.O. Box 268 * Bridgewater, VA 22812

540.828.3395 * www.bridgewaterrescue15.org



We are excited about your interest in volunteering with the Bridgewater Volunteer Rescue Squad!

The mission of the Bridgewater Volunteer Rescue Squad is to provide 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.

Please complete the items below to begin your volunteer experience with the Bridgewater Volunteer Rescue Squad (instructions for the completion of each item are included with this application):

- Complete the Application for Membership and return it to the Bridgewater Volunteer Rescue Squad. If you are returning the application in person, please drop it in the orange mailbox located at the front door of the rescue squad building (10 Volunteer Drive). The application may also be completed and submitted electronically at <https://forms.gle/E7pPED8XsSs7kLxWA>.
- Submit copies of any current EMS and EVOC certifications by emailing them to the membership committee at bwvrsmembership@gmail.com. No certification or training is required prior to volunteering with the rescue squad.
- Complete the following steps in order:
 - Create a Virginia OEMS Portal account and obtain a unique 9-digit Virginia OEMS #. If you currently hold a Virginia EMS certification, you will use your existing certification number and portal account.
 - Affiliate with the Bridgewater Volunteer Rescue Squad (Agency #00247) in the Virginia OEMS Portal.
 - Schedule and submit to a fingerprint-based criminal background check through Fieldprint.
 - Virginia Certified Provider – Enter the Fieldprint Code **FPV1041C**
 - Non-certified Member - Enter the Fieldprint Code **FPV999NC**
- Schedule an interview with current BWVRS volunteers. A representative from the Membership Committee will contact you to schedule this interview.

We look forward to meeting you and helping you become a valuable member of the Bridgewater Volunteer Rescue Squad! If you have questions during the application process, please email us at bwvrsmembership@gmail.com and we will be happy to help you.

Sincerely,

The BWVRS Membership Committee

DESIRED MEMBERSHIP CATEGORY:

Senior Membership

Responds to 911 calls for emergency services as a patient care provider or emergency vehicle operator. Requires a minimum monthly duty commitment of 16 hours.

Support Membership

Provides services such as administrative work (data entry, paperwork, grant-writing, etc.), lawn care, facilities management, childcare or vehicle maintenance. Does not require a minimum monthly time commitment.

DEMOGRAPHIC AND ELIGIBILITY INFORMATION:

Legal Name: _____

Preferred Name: _____

Local Mailing Address:

Local Physical Address:

Email address:

Other Address (if applicable):

Preferred Telephone Number: _____

Additional Telephone Number (if applicable): _____

Does the preferred telephone number listed above receive texts? Yes No

Emergency Contact Information (include name, relationship, telephone number): _____

The Bridgewater Volunteer Rescue Squad requires volunteers be a minimum of sixteen (16) years of age prior to applying. Do you meet this requirement? Yes No

Date of Birth (optional - our membership committee uses this information to celebrate the birthdays of our volunteers): _____

Minors:

Any person aged sixteen (16) to eighteen (18) years who has not yet graduated from high school or obtained a GED will be considered a minor by BWVRS. In addition to the BWVRS Application for Membership, applicants in high school are required to complete the Minor Membership Addendum.

Are you legally authorized to work in the United States?

- Yes, I am a US citizen
- Yes, I am a green card holder
- Yes, I am a work/study visa holder
- No

Have you ever been a volunteer with, or applied for membership to, the Bridgewater Volunteer Rescue Squad under this or any other name?

- Yes
- No

If yes, please list previous membership dates, application status, and any previous names:

CERTIFICATIONS, QUALIFICATIONS, SKILLS, AND TRAINING:

No certification or training is required prior to volunteering with the rescue squad.

Current CPR, EMS, and EVOC certifications (select all that apply):

- CPR - BLS, CPR for Healthcare Providers, or equivalent (includes one and 2-person adult and child CPR, Infant resuscitation, airway obstruction in the conscious and unconscious victim, and conscious/choking infant)
- CPR not meeting the above criteria
- Virginia EMR
- Virginia EMT
- Virginia Advanced EMT
- Virginia EMT-Intermediate
- Virginia Paramedic
- National Registry EMR
- National Registry EMT
- National Registry AEMT
- National Registry Paramedic
- EVOC – Virginia Association of Volunteer Rescue Squads
- EVOC – Virginia Department of Fire Programs
- EVOC - Department of Criminal Justice Services
- EVOC - Volunteer Fireman's Insurance Services
- EVOC - Other, not listed above

Please list any additional current licenses or certifications (EMS or otherwise):

Please describe any previous fire, rescue, or EMS experience including membership or employment with any fire, rescue or emergency services agency:

Do you plan to maintain membership or employment with any other fire, rescue or emergency services agency while volunteering with the Bridgewater Volunteer Rescue Squad? Yes No

If yes, which agency/agencies?

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? If yes, please explain in detail. Yes No

Please list any additional qualifications and/or skills (e.g. special courses, armed forces training, skills with machines, memberships in professional, scientific, or academic societies, work training programs, public speaking experience, trade school backgrounds, foreign language fluency, etc.).

EDUCATION, EMPLOYMENT AND REFERENCES:

Highest Level of Education Completed:

- | | |
|---|--|
| <input type="checkbox"/> 9th Grade - High School | <input type="checkbox"/> Some College |
| <input type="checkbox"/> 10th Grade - High School | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> 11th Grade - High School | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> 12th Grade - High School | <input type="checkbox"/> Some Postgraduate Education |
| <input type="checkbox"/> Diploma/GED Received | <input type="checkbox"/> Postgraduate Degree |

Are you currently enrolled in an academic program (high school, college, post-graduate, etc.)? If yes, please list the program/school and your current level.

Present employer and position/occupation (please include a brief description of your duties and responsibilities):

May we contact your present employer? If yes, please include contact information for your supervisor (name, telephone number, email):

Please provide contact information for 3 personal references (other than relatives) who have known you for at least one year. Include name, relationship, telephone number, and email address.

Please list any current Bridgewater Volunteer Rescue Squad member with whom you are acquainted.

AFFIRMATIONS:

Please initial each of the affirmations below:

_____ I am proficient in reading, writing and speaking the English language.

_____ I affirm that I meet the minimum age requirement of sixteen (16) years of age.

_____ I affirm that I have no physical or mental impairment that would render me unable to perform all cognitive and psychomotor skills required for the position for which I am applying.

_____ I affirm that I have never been convicted or found guilty of any crime involving sexual misconduct where lack of affirmative consent by the victim is an element of the crime, such as forcible rape.

_____ I affirm that I have never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on an elderly or infirm person.

_____ I affirm that I have never been convicted or found guilty of any crime in which the victim is an out-of-hospital patient or a patient or resident of a health care facility including abuse of, neglect of, theft from, or financial exploitation of a person entrusted to the care or protection of this applicant.

_____ I affirm that I have never been convicted or found guilty of any serious crimes of violence against persons such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or arson.

_____ I affirm that I have never been convicted or found guilty of any crime involving controlled substances or synthetics, including unlawful possession or distribution or intent to distribute unlawfully Schedule I through V drugs as defined by the Virginia Drug Control Act (§ 54.1-3400 seq. of the Code of Virginia) except that the person is eligible for affiliation or enrollment five years after the date of final release if no additional crimes of this type have been committed during that time.

_____ I affirm that I have never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation or enrollment five years after the date of final release if no additional felonies have been committed during that time.

_____ I affirm that I am not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

_____ I affirm that I have never been subject to a permanent revocation of license or certification by another state EMS office or recognized state or national healthcare provider licensing or certifying body.

_____ I affirm that I will be clean and neat in appearance while on duty or performing duties under the auspices of the Bridgewater Volunteer Rescue Squad.

_____ I affirm that I will not be under the influence of or within 8 hours of consuming any drugs, alcohol, or intoxicating substances that impair my ability to provide patient care or operate a motor vehicle while in class or performing clinicals, while on duty, when responding or assisting in the care of a patient, or while performing duties under the auspices of the Bridgewater Volunteer Rescue Squad.

_____ In accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, I affirm that I will respect patients' right to privacy and will not disclose individually identifiable health information held or transmitted by BWVRS to any unauthorized entity.

VIRGINIA EMS PERSONNEL RECORD REQUIREMENTS:

Section "12VAC5-31-540. Personnel Records" of the Administrative Code of Virginia regarding Virginia Emergency Medical Services Regulations states that an EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange and the National Crime Information Center via the Virginia State Police, a driving record transcript from the individual's state Department of Motor Vehicles office, and any documents required by the Code of Virginia, no more than 60 days prior to the individual's affiliation with the EMS agency.

Following the submission of your BWVRS Volunteer Application, you will receive instructions for obtaining and submitting these required documents.

Please initial each of the affirmations below:

_____ I agree to submit to a finger-print based background check at an approved Fieldprint location.

_____ I agree to provide a driving record transcript from my state of residency's Department of Motor Vehicles office.

_____ I agree to provide copies of all current CPR, EMS, and EVOC certifications

OBSERVER PROGRAM:

Applicants may participate in the Observer Program, including accompanying current BWVRS volunteers as they respond to emergency calls, while their application is being processed. Are you interested in participating in this program?

- Yes
- No
- Maybe – please send me additional information about the observer program.

CERTIFICATION:

This statement must be signed prior to submitting your application. 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 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, and driving record. I consent to the release of information concerning my capacity and fitness by 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

Date

OBSERVER GUIDELINES AND AGREEMENT:

Please read the following information carefully and sign where indicated.

- Either the BWVRS Application for Membership or the BWVRS Observer Application must be submitted prior to participating in an observer shift.
- Observers must be at least sixteen (16) years of age.
- Observer shifts will be 1800-2200 Monday through Friday or 0600-2200 on Saturday or Sunday unless alternate arrangements are approved by the Membership Director. Observers may stay past 2200 hours if approved by the crew leader and if a senior member or active life member remains in the building. Observers may not spend the night at the rescue squad building.
- Observers should arrive to their assigned shift clean and neat in appearance with long pants and closed-toe shoes.
- Individuals participating in the observer program will be issued an observer ID card at the beginning of each observer shift. This ID card must be worn when running calls.
- Observers agree to follow the direction of crew members while in the building or responding to calls.
- For their safety, observers will not be allowed to ride along on calls that involve the potential for violence (e.g. fights, gunshot wounds, suicide, etc.). If the potential for violence is recognized after responding to the call, the observer will remain in the ambulance for safety.
- Recording devices or cameras are not to be used on any call. This includes the use of cellular telephone cameras or recording technology.
- In accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, observers agree to respect patients' right to privacy and will not disclose individually identifiable health information held or transmitted by BWVRS to any unauthorized entity.
- Observers are reminded that, while they are encouraged to ask questions about rescue squad procedures or medical interventions, this should not be done in the presence of the patient or family/bystanders.
- Observers may not be on rescue squad property or in an ambulance without a senior member or an active life member.
- Observers may not be on rescue squad property, in an ambulance, or at rescue squad functions under the influence of, or within 8 hours of consuming, any drug or intoxicating substance.

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

Signature

Date

Parent/Guardian Signature (for observers under 18)

Date

MINOR 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 a minor by the Bridgewater Volunteer Rescue Squad, Inc. In addition to the Application for Membership, applicants in high school are required to provide the following information:

Parent/Guardian Name:

Parent Address:

Parent/Guardian Telephone:

Parent/Guardian Email:

To the applicant:

- *You must obtain the signature of your parent/guardian giving permission to apply for membership.*
- *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).*
- *To ensure a focus on high academic standards, you must provide a copy of your last grading period’s report. Additionally, you will be asked to maintain a minimum 2.0 grade point average (GPA) and passing grades in all subjects during each grading period.*

To the parent/guardian of the applicant:

- *As a minor with the Bridgewater Volunteer Rescue Squad, Inc., the applicant 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 a pre-hospital care provider, the applicant may see traumatic illnesses, injuries, or circumstances. We welcome parental input and participation. Direct any concerns, questions, or reservations to the Membership Director.*

To the principal or school representative:

- *This student has made application for membership with the Bridgewater Volunteer Rescue Squad. This rescue squad requires that minors 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, they 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.*

Parent/ Guardian Signature

Date

Principal/School Representative Signature

Date

VIRGINIA OEMS PORTAL AND FINGERPRINTING INSTRUCTIONS:

All applicants joining a licensed EMS agency in Virginia must submit to a fingerprint-based criminal history background check and be approved by the OEMS for both agency affiliation and certification. This includes non-EMS certified members such as drivers.

Applicants with a current Virginia OEMS#:

- If you are currently affiliated with another agency or participating in an EMS class, you should already have a Virginia OEMS# and Portal account.
- You will use your existing Virginia OEMS# and Portal account to complete the steps below.

Applicants without a current Virginia OEMS#:

- Create a Virginia OEMS Portal account to obtain a unique 9-digit Virginia OEMS#
 - Visit <https://vdhems.vdh.virginia.gov/emsapps/f?p=200:16> to create a Portal account.
 - Select “No”

An Agency of the Commonwealth of Virginia
VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia

Office of Emergency Medical Services \ Regulation & Compliance Enforcement \

Non-Certified Personnel Account Request

The following page will enable non-certified providers (e.g. drivers, auxiliary members, and others without EMS certification) to register for an EMS number and access EMS Portal.

* Do you have a Portal Account with OEMS? No Yes

- Enter your social security number.

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Non-Certified Personnel Account Request

The following page will enable non-certified providers (e.g. drivers, auxiliary members, and others without EMS certification) to register for an EMS number and access EMS Portal.

* Do you have a Portal Account with OEMS? No Yes

Personnel Details

* Please enter SSN (9 digit number only - 999999999)

* Please re-enter SSN and click continue (9 digit number only - 999999999)

- Complete the required information and click “Submit Application.”

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Non-Certified Personnel Account Request

The following page will enable non-certified providers (e.g. drivers, auxiliary members, and others without EMS certification) to register for an EMS number and access EMS Portal.

* Do you have a Portal Account with OEMS? No Yes

Personal Information

* First Name Middle Name * Last Name Suffix

* Address Line 1 Address Line 2 * ZIP Code * State

* Business Phone * Home Phone

* Email Address * County or City Currently Living

Agency * Call Phone

* Re-Enter Email Address

Other Information

Gender: Highest level of Education:

Marital Status: Annual Income:

Ethnic Origin: Race:

Have you ever served in the US Military?

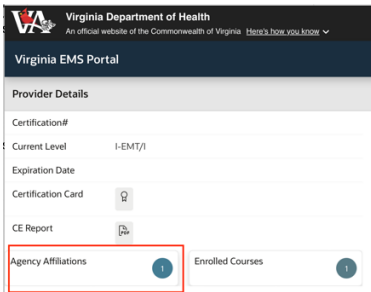
* Required Fields ** - A valid Home Phone or Cell Phone or Business Phone is required for contact information

- You will receive an email prompting you to finish setting up your account

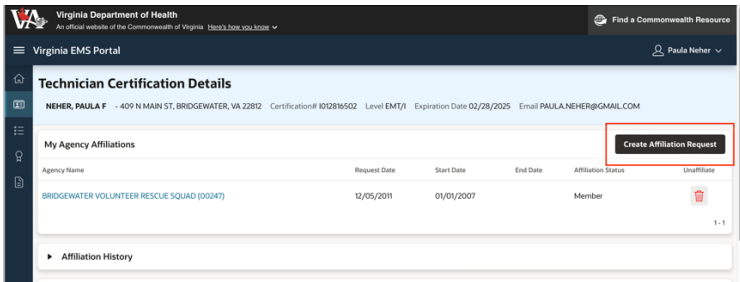
All applicants:

- After receiving your 9-digit Virginia OEMS#, affiliate with the Bridgewater Volunteer Rescue Squad (Agency #00247) in the Virginia OEMS Portal.

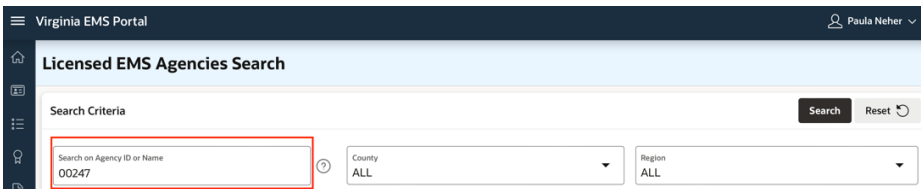
- Log into the Virginia OEMS Portal at <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/ems-provider-portal-2/>
- Click on “Agency Affiliations”



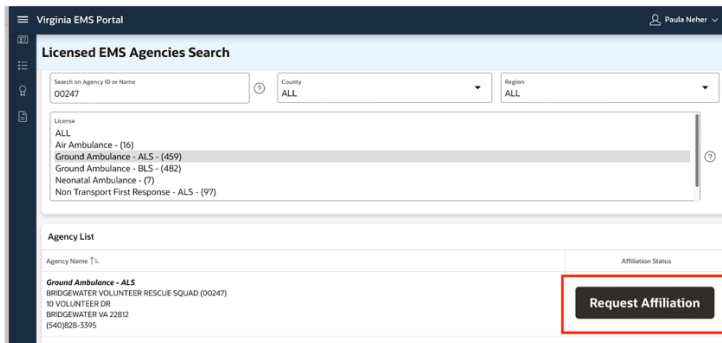
- Click on “Create Affiliation Request”



- Enter “00247” to search for BWVRS



- Click on the “Request Affiliation” button



- Your affiliation with BWVRS will be approved by an agency representative. This may take several days.
- If you do not have an OEMS#, you will receive your 9-digit VA OEMS number after your affiliation has been approved.

- Schedule and submit to a fingerprint-based criminal background check through Fieldprint.
 - **Virginia Certified Provider:**
 - Visit <http://fieldprintvirginia.com>
 - Click on the “*Schedule an Appointment*” button.
 - Enter an email address under “*New Users/Sign Up*” and click the “*Sign Up*” button. Follow the instructions for creating a Password and Security Question and then click “*Sign Up and Continue*”.
 - Enter the Fieldprint Code “**FPV1041C**” when requested.
 - Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing. Campbell Print Center at 4564 South Valley Pike is the location closest to BWVRS.
 - 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.
 - **Non-certified Member:**
 - Visit <http://fieldprintvirginia.com>
 - Click on the “*Schedule an Appointment*” button.
 - Enter an email address under “*New Users/Sign Up*” and click the “*Sign Up*” button. Follow the instructions for creating a Password and Security Question and then click “*Sign Up and Continue*”.
 - Enter the Fieldprint Code “**FPV999NC**” when requested.
 - Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing. Campbell Print Center at 4564 South Valley Pike is the location closest to BWVRS.
 - 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.