

Harrisonburg Rescue Squad, Incorporated



1700 Reservoir Street
Harrisonburg, Virginia 22801
540 434 2323

Dear Applicant,

Thank you for your interest in Harrisonburg Rescue Squad, Incorporated (HRS). We are an all-volunteer, non-profit organization serving the City of Harrisonburg and parts of surrounding Rockingham County. We respond to all 911 medical and traumatic emergencies in our area. Additionally, we work jointly with the City and County Fire Departments on fire and hazardous material incidents to provide medical assistance. We provide all of our services to patients 100% free of charge, as has been our policy since our founding in 1949.

The following information details some of the experiences a new member can anticipate, and some of what is expected of new members. After a completed application is received, the Board of Directors reviews it. Those accepted for membership complete our Training Academy, (usually two evenings), and begin a probationary period. The 6 month probationary period allows the new member and HRS to determine if emergency medical services is right for you. During their regular duty shifts, new members train side-by-side with their crews under the direction of a crew leader or duty officer. New members train for medical and traumatic emergencies, technical and logistical aspects of rescue, and emergency driving. New members are full members of the crew, and answer calls with their crew. Following the 6-month probationary period and a vote of acceptance by HRS's Board of Directors, a new member becomes a full member of HRS.

Because only those certified by the state as an Emergency Medical Technician may treat patients, a new junior, associate or senior member who is not currently certified must enroll in an EMT class within the first year of joining. Only those certified as Emergency Vehicle Operators may drive vehicles in emergency mode. All new members who have not successfully completed EVOC must enroll within 6 months. Both of these courses are offered locally and generally several new members take this course together.

I welcome you to this organization and hope that you find serving our community as rewarding as each of us has. As part of the Harrisonburg Rescue Squad, you will have unforgettable experiences, make lifetime friends, and have the opportunity to play an enormous role in the lives of people in this community. If you wish to mail in your application to the above address, please send it "Attn: Membership Committee". If you have any questions feel free to email me at the address below.

Sincerely,

Courtney Gorman
Membership Committee
membership@rescue40.org

Membership Categories

Senior Member

- 6 duty shifts per month or 48 hours
- Attends monthly business meetings, special business meetings
- Includes voting privileges at meetings
- This is the only membership category eligible to hold an operational office

Junior Member

- 6 duty shifts per month or 48 hours
- Attends monthly business meetings, special business meetings
- For individuals ages 16-17 years of age
- Parent/guardian permission required

Associate Member

- 4 duty shifts per month or 30 hours
- Attends monthly business meetings
- Does not vote at yearly business meetings
- Must currently be an EMT
- Must be a city or county firefighter, police officer, RMH employee, or have an approved special circumstance

Driving Member

- No Patient Care
- 6 Shifts or 48 hours
- IF EMT, only required to have 4 duty shifts per month
- ALS Providers are not eligible for this membership
- Attends monthly business meetings

Application Process Timeline:

- **Step 1** - Sign up for your 2 Mandatory Observer Shifts at the squad.
- **Step 2** – *Completed* application is mailed or turned in to the Membership Chairman mailbox, located at 1700 Reservoir St (upstairs in kitchen area—ask a member to direct you if need be)
- **Step 3** - The Board of Directors will review and discuss your application. They will then vote on whether or not to accept you as a Trainee Member for a 6 month probationary period.
- **Step 4**- If accepted by the BOD, you will be contacted and notified of the dates for the Training Academy.
- **Step 5** - You will begin to work regular duties (as outlined by your membership type) following training academy, and for the next 6 months you will be a trainee member.
- **Step 6** - During this training period, you will be issued a training packet to be completed within those six months. You must also complete an **EVOC course** within 6 months of joining and be **enrolled in an EMT class** within 12 months of joining.
- **Step 7** - Upon completion of both the training packet and the 6-month period, your name will be presented to the Board of Directors to determine if you will become a full member of the Squad.

Statement of Commitment to this Organization

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

1. I grant the release of any information that may be helpful to the Harrisonburg Rescue Squad, Inc. membership committee in an investigation of my background, including my criminal background check, in consideration for Squad membership (you will sign this at Training Academy).
2. If accepted, I agree to abide by all Federal, State and Local laws, the Constitution and Bylaws of the Squad, HRS Standard Operating Procedures (SOPs) and all other rules of the Squad.
3. At any time I can be asked to resign or be dismissed from the Squad due to a failure to uphold my agreed upon commitments.
4. Membership requires at least a 2 year commitment to the Squad.
5. I must possess and maintain current CPR certification - with a card on file. (Your application will not be considered until you have proof of CPR certification).
6. If accepted, I am required to enroll in an EMT class within a year of joining (except driving members).
7. If accepted I am required to enroll in an Emergency Vehicle Operator Certification course within 6 months of joining (except junior members).
8. If accepted, I will attend monthly business meetings.
9. (For All College Students) I am required to pull duty during the summer. If you live a great distance (New Orleans, New England, California and comparable distances) from Harrisonburg, it may be possible to schedule your shifts for one weekend of the month in order to run them all together.
10. 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

Date

Parent/guardian signature if under 18

Date

Other required components to the application:

-Driving record that is current within the last 30 days. This can be printed online at the DMV website, or can be obtained from any Department of Motor Vehicles for a small fee.

-A copy of a current CPR card that certifies you in Infant, Pediatric, and Adult CPR as well as AED use. (Must have CPR prior to being accepted into this organization)If you have questions about this call the squad at 540 434 2323.

-A \$30.00 application fee. All checks can be made payable to the Harrisonburg Rescue Squad. This fee will go towards paying for uniforms as well.

**Harrisonburg Rescue Squad, Inc
Membership Application
1700 Reservoir Street
Harrisonburg, Virginia 22801**

DEMOGRAPHICS:

Last Name	First Name	MI	SSN:
Local Address:		City/State/Zip:	
Phone Number:		Alternate Phone Number:	
Email Address:		Date of Birth:	
Emergency Contact Name:		Emergency Contact Number:	

REFERENCES: (Name, phone number, and relationship for two professional/academic references)

EDUCATION/EMPLOYMENT

Current Employer:	Length of time employed:	Phone Number:
Current Education Level:	Degree/Major:	Graduation date:

EMS CERTIFICATIONS: (INCLUDING CPR)

Certification:	Expiration Date:

PREVIOUS EMS/FIRE/MEDICAL EXPERIENCE – list contact information if applicable

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MEMBERSHIP CATEGORY REQUESTED

SENIOR	SENIOR MEDIC	DRIVING
ASSOCIATE	ASSOCIATE MEDIC	JUNIOR

OBSERVER SHIFTS COMPLETED

Date:	Shift:	Crew Leader:
Date:	Shift:	Crew Leader:

Have you ever been convicted of a felony, or a misdemeanor other than a traffic violation? Yes ___
No ___ ?
If yes, please attach an explanation.

INFORMATION RELEASE: (SIGNATURE REQUIRED)

This is to certify that I have completed this application to the Harrisonburg Rescue Squad as accurately as possible and hereby grant the release of information which may be helpful for the Board of Directors in an investigation of my background.
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Signature:
Parent/Guardian in under 18:

Date:
Date:

Only completed applications will be considered. Please use the checklist below to indicate each item's inclusion upon submission.

- Current (within 1 month) Driving Record from DMV
- Current CPR Card Copy that certifies you in Infant, Pediatric, and Adult CPR as well as AED use. (Must have CPR prior to being accepted into this organization)If you have questions about this call the squad at 540 434 2323.
- \$30.00 Application Fee
- Completed Application
- Signature of applicat and, if applicable, parent/guardian on page 5.
- Signature of applicant and, if applicable, parent/guardian on page 3.