



Madison EMS Volunteer Application

Name: _____ Date: _____

Date of Birth: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____

E-mail: _____

Employer Name & Location: _____

Occupation: _____ Work Schedule: _____

Steps you must take before we can process your application:

The Commonwealth of Virginia requires all new members of EMS agencies to go through a background check, including fingerprints, **prior** to accepting applicant as a new Madison County EMS (MEMS) volunteer member. It can take as much as eight weeks to get the results from this background check, though the results are usually faster. It is your responsibility to get your fingerprints done at FieldPrint. You will need to go to the website below and schedule an appointment. Our agency Number is **#1029** and the link to sign up is: <https://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/fingerprinting/career-virginia-certified-ems-provider/>. The address for FieldPrint is 198 Spotnap Road Charlottesville, VA 22911. There is no cost to you for the background check.

1. All applicants for membership are required to have a current certification in Healthcare Providers CPR. If you are not currently certified MEMS can help you find a class. Are you currently certified in CPR? **Yes** **No**
2. All applicants must provide three references from individuals who have known them for more than one year, are not related to them, and do not live at the same address as the applicant. It is your responsibility to make sure three reference letters are submitted. Please ask your references to send an e-mail to Gavin Helme at ghelme@madisonco.virginia.gov. The e-mail should include how long they have known you, in what capacity, and whether they recommend you for membership as a Madison County EMS Volunteer. Please list the names of your references here:



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3. Once your application package is complete (including the rest of this document, copy of your CPR card, references, copy of your driver's license, copies of any certifications, and your background check) you will be contacted for an interview.

Education:

	<u>School Attended</u>	<u>Degree</u>
High School Diploma		
High school equivalency diploma		
College Degree		
Graduate School		

Certifications:

Please list any current licenses or certifications you hold including Driver's License, CPR, EVOC, EMT. Please attach copies.

<u>Type</u>	<u>License or Certification #</u>	<u>State and licensing/certification board</u>	<u>Expiration Date</u>

EMS Affiliations:

Are you now or have you ever been a member of an Emergency Services organization? **Yes** **No**

If yes, please complete the following:

<u>Organization</u>	<u>Location</u>	<u>Dates you were a member</u>

Physical and Mental Health:

Are there any physical, emotional, or medical conditions that would prevent you from being able to perform job duties? This includes, but not limited to, lifting, and moving, driving.

Yes **No**

If yes, please explain:

If you are currently under a physician's care for any condition above, you may be asked to provide documentation with a written release to assume the role of MEMS Volunteer from your physician.



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Driving History:

Are you currently EVOC certified?

Yes No

If not, would you want to be an ambulance driver?

Yes No

Are you an assigned risk for automobile insurance?

Yes No

Please list any moving violation charges or convictions. Provide a full disclosure and final disposition.

1. As an applicant, I hereby acknowledge that I am at least 18 years of age, am in good health, and am applying to become a volunteer member of Madison County EMS (MEMS). I shall abide by the policies and regulations and shall complete all courses, training, and duties as required by MEMS.
2. I give MEMS permission to obtain a copy of my driving record from the Department of Motor Vehicles for inclusion in my personnel file as required by the Virginia Office of EMS regulations.
3. MEMS prohibits the use of alcoholic beverages or medications that may impair the ability to think clearly, operate a vehicle, or impact on the performance of duties.
4. **Submission of this application does not guarantee membership to MEMS.** To achieve probationary status requires a panel interview with MEMS leadership with a recommendation for membership. MEMS reserves the right to decline any membership.
5. All patient information is confidential. A breach of confidentiality or violation of HIPPA regulations will result in disciplinary action to include dismissal from MEMS.
6. Discrepancy of any requested information on this application will result in non-processing of this application or dismissal from MEMS.

By signing this application, I acknowledge that the information included is accurate and complete. I understand that any omissions of requested information may result in my application being revoked and probationary membership denied.

Printed Name: _____

Signature: _____

Date: _____