Blue Ridge Rescue Squad Membership Application

Personal Information

- Full Legal Name: _____
- Preferred Name (if different): _____
- Date of Birth (MM/DD/YYYY): _____
- Mailing Address: _____
- City: _____ State: _____ ZIP Code: _____
- Primary Phone: _____
- Email Address: _____

Role & Availability

Please indicate the membership category you are applying for: - ☐ Active Member - ☐ Associate Member - ☐ Cadet Member (ages 16–17) - ☐ Other: _____

Please indicate your general availability (check all that apply): - ☐ Weekdays (Monday–Friday) ☐ Days ☐ Nights - ☐ Weekends (Saturday–Sunday) - ☐ 24-hour shifts - Comments: _____

Certifications & Training

Please list any current certifications relevant to EMS/rescue service (attach copies):

Certification	Certification Number	Expiration Date
CPR / First Aid	_____	___/___/___
EMT-B / EMR	_____	___/___/___
Driver Training (CEVO/EVOC)	_____	___/___/___
Other (e.g., HAZMAT, Firefighter)	_____	___/___/___

Eligibility & Licensing

1. Do you have a valid driver's license? ☐ Yes ☐ No
   If Yes: State: _____ License #: _____

2. Are you legally permitted to volunteer and work in the United States? ☐ Yes ☐ No

3. Are you able to perform the essential functions of the position you are applying for, with or without reasonable accommodations? ☐ Yes ☐ No
   If accommodations are needed, please describe: _____

Prior Volunteer or EMS Experience (optional)

Organization(s): _____ Role(s) and dates served: _____ Reason for leaving (if applicable): _____

References

Please provide two references (non-family members) who have known you for at least two years.

Name	Relationship	Phone or Email
_____	_____	_____
_____	_____	_____

Emergency Contact

Name: _____ Relationship: _____ Primary Phone: _____ Secondary Phone (optional): _____

Background Check Consent

I authorize Blue Ridge Rescue Squad, its insurance company, or any appropriate agency to conduct a criminal history and driving background check as part of this membership application. I understand that my eligibility may depend on the results of these checks.

☐ Yes, I consent to the background check. ☐ No, I do not consent (application cannot be processed).

Applicant Statement

By signing below, I attest that the information provided in this application is true and complete to the best of my knowledge. I agree to comply with all Bylaws, Standard Operating Guidelines (SOGs), and policies of Blue Ridge Rescue Squad. I understand that falsification or omission of information may result in denial or termination of membership.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (for Cadets under 18): _____ Date: _____