



Greene County Rescue Squad, Inc.

P.O. Box 302
Stanardsville, Virginia 22973

APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Social Security No: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Address: _____

City/State/Zip: _____

WorkAddress/Zip: _____

1. I, _____, have attained the age of 18 years, am in good health, and wish to become a member of the Greene County Rescue Squad. I will abide by the Squad's policies and regulations and will complete all courses, training, and responsibilities required by the Squad.
2. I understand the Squad forbids using alcoholic beverages or harmful drugs of any type while on duty.
3. I understand submitting this application does not make me a Squad member. I must be interviewed, approved, and pass probationary duty in good standing, and be voted in at a regular business meeting. The Squad may postpone my processing at any time if there is no availability for a candidate of my skills level at the time of submission of my application.
4. I will be available: (a) 4 a.m. to 6 p.m. _____, (b) 6 p.m. to 4 a.m. _____, (c) other: _____
5. Do/do not wish to be an ambulance driver: Valid driver's license: State: _____
License Number: _____ Exp. Date: _____
6. I am/am not an assigned risk for automobile insurance. I shall provide the squad with a copy of my DMV Driving Record
7. I do/do not have EVOC or DDC. Exp. Date _____
8. CPR Certification Y N . ARC _____ AHA _____ C curriculum _____ Exp. Date: _____
9. Are you a Medical Technician: Y N Current Level _____ Exp. Date: _____
10. Do you have any physical, emotional, or medical conditions that require treatment by medication and follow up by a physician on a regular basis? If so please explain.

For Emergency Dial 911