

PIPERS GAP RESCUE SQUAD, INC.

Volunteer Membership Application (age 18 & above)

(Please print legibly)

Personal Information

Full Name: _____ Maiden Name: _____
Last Name First Name Middle Name

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different from mailing): _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email Address: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Driver's License #: _____ State: _____ Class: _____ Exp Date: _____

Have you ever been a member of PGRS or applied for membership with PGRS? _____

Have you ever been convicted of a crime (with exception of minor traffic violations)? _____

If yes, please explain: _____

If asked, will you submit to random drug testing? _____ If no, please explain: _____

Educational Information

High School: _____ City: _____ State: _____

Graduate or GED: _____ Year of GED or Graduation: _____

College: _____ Major: _____ Year of Graduation: _____

Have you completed a EMT-Basic course? _____ If yes, what year? _____

Circle your current level of EMS certification:

EMT-B EMT-EN EMT-I VA EMT-P NREMT-P CCEMT-P

Do you hold certifications or relative experience in any of the following areas?:

Vehicle Rescue _____ Dive / Water Rescue _____ Search Rescue _____

Rope / High Angle Rescue _____ HAZMAT _____

Confined Space Rescue _____ Other specialty rescue _____

Do you hold any instructor certifications? _____ If yes, please list: _____

Circle any courses for which you hold current certifications:

Healthcare Provider CPR ACLS PALS ITLS PHTLS NRP

Other Information

Do you or have you ever served in the US Armed Forces? _____ If yes, Branch _____

Current or Last Employer: _____

Address: _____

Phone: _____ May we contact your employer? _____

If no, please explain: _____

Have you ever collected Workman's Compensation due to an on the job injury? _____

If yes, explain: _____

Please give a brief description of your experience as it relates to Emergency Services:

Do you submit to a criminal background check to be performed by the Virginia State Police? _____ If no, please explain _____

With my signature below, I certify, to the best of my ability, that all of the information on this membership application is true and accurate.

Signature

Date