



Dear Future EMT:

We are pleased you are interested in the emergency medical services field. The emergency medical services field is rapidly expanding and needs qualified EMT's to serve the needs of our growing population in the tri-cities area.

Our goal is to provide the foundation necessary to prepare you as an entry level Emergency Medical Technician. This course will follow the guidelines established by the Virginia Department of Health Office of EMS (OEMS) and will use the AAOS 10th edition textbook. You must have Basic Life Support CPR certification prior to the first day of class.

Below are the estimated costs you will incur throughout the class. For those students that are volunteering with SVEC the costs you incur throughout the class will be reimbursed upon successful completion of precepting.

Description	Amount
Tuition	\$250
Books (must have the 10 th edition AAOS textbook)	\$100
State Testing	\$50
Navy EMS pants	\$50
Uniform Shirt	\$25
Black belt, black boots	Varies
Vaccinations	Varies

In addition to attending class you will be required to complete a field training evaluation program (FTEP). This program is divided into four phases and throughout the course you will be required to complete each phase at a certain time. In order to complete this requirement you will need to schedule 8-12 hours a week for ambulance rotations.

The EMT Academy will use a paramilitary chain of command. Policies and procedures are implemented in class and discipline will be imposed. You will be required to wear the class or your department's uniform when completing rotations and while attending class. The uniform will consist of a class shirt, navy EMS pants, black belt, black shoes, and black socks.

If you have any questions please call 804-861-2739 and ask to be contacted by the lead instructor.

We look forward to seeing you in class.



Record of Conviction

Do you understand that you will have to complete a formal background investigation? Yes ___ No ___

Have you been convicted of a felony in the past five years? Yes ___ No ___
If yes, the code of Virginia does not allow for you to be certified as an Emergency Medical Technician

Have you been convicted of any misdemeanor or felony? Yes ___ No ___
If yes, please provide a statement below or attach a statement to this application

A conviction will not necessarily automatically disqualify you. Rather, factors such as age, date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Availability

List the days and hours which you prefer to ride. You will be required to ride a minimum of once a week for 8-12 hours while enrolled in the EMT class. During these 8-12 hours you will run calls and complete your field training evaluation program.

Weekdays: _____

Weeknights: _____

Saturdays: _____

Sundays: _____



References

Please provide the names of three individuals as references. Ideal references include supervisors, teachers, and co-workers.

1.

Name: _____

Relationship: _____

Home Phone Number: _____

2.

Name: _____

Relationship: _____

Home Phone Number: _____

3.

Name: _____

Relationship: _____

Home Phone Number: _____



Volunteer Service Commitment

(SVEC Volunteers Only)

I _____, on my honor, hereby commit to:
(Print Full Name Here)

- ü Providing volunteer service a minimum of once every eight days (at least 8-12 hours in length) on a crew assigned by the agency.
- ü Providing a minimum of 24 consecutive months of service
- ü Attending monthly business and continuing education meetings
- ü Maintaining EMS certification and completing all required skills drills
- ü Complying with the by-laws of the organization as well as policies and procedures, and the direction of those appointed as officers
- ü Maintaining patient confidentiality

Furthermore, I understand that volunteer service with Southside Virginia Emergency Crew is at-will and may be terminated at any time with or without cause by the Executive Committee of the Volunteer Crew.

Signature of Applicant

Date



Applicants Certification and Agreement

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Southside Virginia Emergency Crew Inc., and its officers to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers and past employers, and current or former fire and rescue agencies, and to rely on and use such information as they see fit. I hereby release the Southside Virginia Emergency Crew, Inc., its officers, directors, and assigns from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having a decision based on such information. This application and all information obtained is the property of the Southside Virginia Emergency Crew, Inc.

I understand that, if granted acceptance, falsified statements of any kind or omissions of facts called for on this application, regardless of time of discovery, shall be considered sufficient basis for dismissal.

I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of the organization. I further understand, however, that neither the policies, rules, regulations of membership nor anything said during the application and interview process shall be deemed to constitute the terms of an implied contract.

Printed Name: _____ Signature _____