



Southside Virginia Emergency Crew Inc. Application

Application Information and Checklist

APPLICANTS TO SVEC MUST

Paid

- ✓ Submit a fully completed and signed application. A completed application includes all supporting materials listed below. Incomplete applications will not be considered.
- ✓ Present a photocopy of your driver's license, EMS certification, CPR card, and any other current EMS certifications you possess.
- ✓ Interview with the director or deputy director
- ✓ Complete criminal background during interview
- ✓ Have an acceptable driving record
- ✓ Have one year of experience as a paid or volunteer provider
- ✓ Be 21 years of age or older

ALS Starting Pay \$14.50/hour

BLS Starting Pay \$11.88/hour

Full-time Benefits:

- 24-Hour Shift on a rotating schedule
- Health Insurance subsidy
- Paid Annual Leave and Sick Leave

Volunteers

- ✓ Your completed application must be presented at least two weeks prior to the volunteer meeting
- ✓ Sign the volunteer service commitment when applying for the senior or junior volunteer membership
- ✓ Attend an interview with personnel from the membership committee
- ✓ Complete a criminal background during or before interview

Volunteer Benefits:

- The opportunity to serve your community
- Rescue Squad License Plates
- Experience gained in a high call volume system will provide useful for many jobs and academic pursuits
- Meet and network with many individuals from diverse backgrounds and interests

Please do not apply if:

- ✓ You are not certified at the EMT level or are not currently enrolled in a class
- ✓ You are unable to meet the time commitment
- ✓ You are not immediately available to work or begin the orientation process

Please deliver or send application to:

PO Box 574
Petersburg, VA 23804

Southside Virginia Emergency Crew Inc.
Application



Please print all information and check which type of affiliation you are requesting.

Junior Volunteer Volunteer Part-time Full-time

Personal Information

Full Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Number & Street

City/State/ Zip Code

Phone Number: _____ Email Address: _____

Driver's License Number: _____ Social Security Number: _____

Marital Status: Single Married

Education/Certifications

Make a Copy of all current certification and submit with application.

CPR Certification: Yes ___ No ___ Expiration _____

VA EMS Certification: Yes ___ No ___ Certification Number _____

National EMS Certification: Yes ___ No ___ Certification Number _____

EVOC Certification: Yes ___ No ___

High School:

Diploma: Yes ___ No ___ If no: GED? Yes ___ No ___

School: _____ City/State _____



Southside Virginia Emergency Crew Inc. Application

Higher Education:

Institution: _____ Degree/Certification earned _____

Institution: _____ Degree/Certification earned _____

Institution: _____ Degree/Certification earned _____

Please describe your career goals and educational goals:

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.

Southside Virginia Emergency Crew Inc.
Application



Experience/Employment History

A.

Employer: _____ Phone Number: _____

Title: _____ Supervisor Name: _____

Type of Business: _____ Salary: _____

Start Date: _____ End Date: _____

Full Time Part Time Volunteer Average Hours Per Week _____

Duties/Equipment Used:

B.

Employer: _____ Phone Number: _____

Title: _____ Supervisor Name: _____

Type of Business: _____ Salary: _____

Start Date: _____ End Date: _____

Full Time Part Time Volunteer Average Hours Per Week _____

Duties/Equipment Used:

Southside Virginia Emergency Crew Inc.
Application



C.

Employer: _____ Phone Number: _____

Title: _____ Supervisor Name: _____

Type of Business: _____ Salary: _____

Start Date: _____ End Date: _____

Full Time Part Time Volunteer Average Hours Per Week _____

Duties/Equipment Used:

D.

Employer: _____ Phone Number: _____

Title: _____ Supervisor Name: _____

Type of Business: _____ Salary: _____

Start Date: _____ End Date: _____

Full Time Part Time Volunteer Average Hours Per Week _____

Duties/Equipment Used:

Southside Virginia Emergency Crew Inc.
Application



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: _____

Southside Virginia Emergency Crew Inc.
Application



Applicant 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/employment 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/employment nor anything said during the application and interview process shall be deemed to constitute the terms of an implied contract.

Printed Name: _____ Signature: _____ Date: _____

Southside Virginia Emergency Crew Inc.
Application



Patient Confidentiality Agreement

The discussions, uses, and disclosures addressed by this agreement mean any written, verbal, or electronic communications.

I understand and agree to by no means disclose any information regarding the patients in which I have contact with while participating in the programs unless ordered otherwise by a Court of Law. I further understand that I am obligated to know and adhere to the privacy policies and procedures of the Southside Virginia Emergency Crew. I acknowledge the medical records, accounting information, patient information, and conversations between or among healthcare professionals about patients are confidential under state and federal law and this agreement.

I understand that I may not remove any record or copy there of with any information regarding patients or the care of patient without the written authorization fro a crew officer. Additionally, I understand that, before I use or disclose patient information in a learning experience, classroom, case presentation, class assignment, or research, I must exclude all information that may be traced back to the patient.

Additionally, I acknowledge that any patient information, whether or not it excludes some or all of those identifiers, may only be used or disclosed for health care training and educational purposes, and must otherwise remain confidential. Finally, I understand that, if I violate the privacy policies and procedures of the organization, applicable law, or this agreement, I will be subject to disciplinary action.

By signing this agreement, I certify that I have read and understand its terms, and will comply with them.

Signature of Applicant

Signature of Witness

Date

Date

Southside Virginia Emergency Crew Inc.
Application



Volunteer Service Commitment
(Volunteer Applicants Only)

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

- Providing volunteer service a minimum of 24 hours a month in shifts of at least 8-12 hours.
- Providing a minimum of 24 consecutive months of service
- Attending monthly business and continuing education meetings
- Maintaining EMS certification and completing all required skills drills
- Complying with the by-laws of the organization as well as policies and procedures, and the direction of those appointed as officers
- 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

Availability

List the days and hours which you prefer to ride.

Weekdays: _____

Weeknights: _____

Saturdays: _____

Sundays: _____