

**LONDONDERRY VOLUNTEER RESCUE SQUAD**  
**P.O. Box 911**  
**LONDONDERRY, VERMONT 05148-0911**

***APPLICATION FOR MEMBERSHIP***

**REQUIREMENTS FOR MEMBERSHIP:**

1. Must be a minimum of 16 years old for junior member and 18 years old for other memberships.
2. Must hold a minimum of a current CPR card, and current Vermont EMR or EMT designation.
3. Must have a personal interview with the LVRS Membership Committee.
4. Must be voted on and approved by 51% of votes cast at a business meeting.

**RESPONSIBILITIES OF APPROVED APPLICANTS:**

1. Junior and full member applicants enter a six-month probationary period.
2. Learn the Bylaws and Service Rules of the Rescue Squad.
3. Become familiar with all equipment and complete appropriate checklists.
4. Attend a minimum of four regular business meetings and four training sessions each year.

**MEMBERSHIP STATUS (MARK ONE):**

- SPONSORED  
 JUNIOR\* (must have parents approval)  
 ASSOCIATE (currently with another squad)  
 FULL  
 NON-EMS DRIVER

**STATEMENT OF UNDERSTANDING**

The information herein is for the sole and express use of the Londonderry Volunteer Rescue Squad. I authorize investigation of all statements contained in this application. I understand that omission and misrepresentation of facts called for is cause for denial of membership or grounds for dismissal without recourse. I also understand that if I am accepted as a member of the Squad, it will be on a probationary basis, for a minimum of six months.

***I hereby grant permission to LVRS to conduct a background check and contact my references in connection with my application for membership.***

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Signature of Applicant Date

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\*Signature of Parent or Guardian if Applicant is under 18 years of age Date

**RETURN APPLICATIONS TO:**

**LVRS Membership Committee, P.O. Box 911, Londonderry, VT 05148-0911**

# Application for LVRS Membership

## Personal Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Employer Name and Address: \_\_\_\_\_

\_\_\_\_\_ How Long Employed? \_\_\_\_\_

Previous Employer(s) Name and Address: \_\_\_\_\_

May we contact your current and/or former employer? \_\_\_\_\_

## Driving Information

Do you hold a current and valid Driver's License? \_\_\_\_\_ Please provide a copy.

Driver's License - ID Number and State Issued: \_\_\_\_\_

## Training/Certification Information

	Where Taken	Expiration Date	License/Certification #
CPR	_____	_____	_____

EMR/1<sup>st</sup> Responder: \_\_\_\_\_

EMT/B: \_\_\_\_\_

AEMT/Paramedic: \_\_\_\_\_

If you have had any previous EMS/fire/rescue experience, please list the organizations, dates of service, and contact person including a telephone number. Additional space is on the back of this page, if needed.

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

## References

Please list below the name and telephone number for three persons (not related to you and with whom you do not live) that you have known at least one year. These references should NOT include current or past LVRS members.

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have additional references from EMS/fire/rescue services (including current or past LVRS members) that you would like us to contact?

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Applicants for Junior Membership MUST include a school counselor or advisor as a reference.

1. \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional information:**

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**SIGNATURE PAGE**

**CANDIDATE: Please answer the following questions**

(CIRCLE ONE)

YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs? {EMS Rules 11.1602}

If yes, please explain: \_\_\_\_\_

YES NO Have you ever been convicted of a crime or crimes (misdemeanor or felony)? {EMS Rules 11.14} If yes, have you previously disclosed your crime conviction or convictions to the EMS Office? YES NO If yes, date disclosed \_\_\_\_\_

If no, please explain: \_\_\_\_\_

YES NO Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere? {EMS Rule 11.16} If yes, please explain: \_\_\_\_\_

YES NO Are you free of obligation to pay child support or in good standing with respect to or in full compliance with a plan to pay any and all child support? {15 V.S.A. Section 795} If no, please explain: \_\_\_\_\_

YES NO Are you in good standing with respect to or in full compliance with a plan to pay any and all taxes due? {32 V.S.A. Section 3113} If no, please explain: \_\_\_\_\_

YES NO Are you free of obligation to pay unemployment compensation contributions or in good standing with respect to or in full compliance with a plan to pay any and all unemployment compensation contributions? {21 V.S.A. Section 1378}

If no, please explain: \_\_\_\_\_

*NOTE: These questions are required for EMS certification by the Vermont Department of Health. Neither the Department of Health nor LVRS will automatically disqualify applicants based solely upon their answers, but may request additional information. Contact LVRS if you are unsure how to answer these questions.*

I attest the information contained in this (re)certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding (re)certification and (re)certification examinations contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

**Membership Committee Use ONLY**

Application for Sponsored/Junior/Full/Associate/Non-EMS Driver (circle one)

Application Received \_\_\_/\_\_\_/\_\_\_ Candidate Interviewed \_\_\_/\_\_\_/\_\_\_ Committee Review \_\_\_/\_\_\_/\_\_\_

Probationary Period (Circle One)      Standard      Alternative      Assigned to Team    1   2   3   4   5   6

Probationary Period (approved/rejected) Begin \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_ Voted in By Membership \_\_\_/\_\_\_/\_\_\_

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Mentor (Name) \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Team Leader: \_\_\_\_\_

Notes: \_\_\_\_\_

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