



# Altavista EMS

1510 Main Street / P.O. Box 1

Altavista, VA 24517

Phone: 434-369-4716 Fax: 434-369-4306

Email: [AltavistaEMS@AltavistaEMS.com](mailto:AltavistaEMS@AltavistaEMS.com)

Visit us on the web at [www.AltavistaEMS.com](http://www.AltavistaEMS.com)

## Application for Membership

1<sup>st</sup> Reading \_\_\_\_\_

Final \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street or P.O. Box City Zip code

Phone \_\_\_\_\_ Cell or Pager \_\_\_\_\_

DOB \_\_\_\_\_ Social Security NO. \_\_\_\_\_

Drivers License NO. \_\_\_\_\_

Employer \_\_\_\_\_ Years Employed \_\_\_\_\_

Can you be contacted at work? \_\_\_\_\_

Work Phone \_\_\_\_\_ EXT. \_\_\_\_\_

Do you have a valid drivers license? \_\_\_\_\_

Do you have access to transportation? \_\_\_\_\_

Have you ever been charged or convicted of any criminal, civil, or major traffic offense including misdemeanors and felonies? \_\_\_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been affiliated with any other EMS of Fire Agency? \_\_\_\_\_

If yes, name of agency, years of service, positions held, and your reason for leaving. \_\_\_\_\_  
\_\_\_\_\_

Do you currently hold any Commonwealth of Virginia EMS or Fire Certifications? \_\_\_\_\_

If yes, list and provide copies of certifications \_\_\_\_\_

Do you presently have any friends or relatives on the squad? \_\_\_\_\_  
If yes, list their names \_\_\_\_\_

What times during the week and weekends are you available for calls? \_\_\_\_\_

Are you willing to abide by the bylaws and all other rules of Altavista EMS? \_\_\_\_\_

Please describe in your own words why you want to be a member of Altavista EMS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three character references:

- |     |             |              |                 |
|-----|-------------|--------------|-----------------|
| 1.) | _____       | _____        | _____           |
|     | <b>Name</b> | <b>Phone</b> | <b>Relation</b> |
| 2.) | _____       | _____        | _____           |
|     | <b>Name</b> | <b>Phone</b> | <b>Relation</b> |
| 3.) | _____       | _____        | _____           |
|     | <b>Name</b> | <b>Phone</b> | <b>Relation</b> |

I \_\_\_\_\_, give my permission for the Altavista EMS membership committee to conduct a membership investigation. This includes permission to contact references, obtain a criminal history background check through the Virginia State Police and I will obtain a current drivers transcript from the Virginia Department of Motor Vehicles.

I \_\_\_\_\_, understand that upon my resignation or termination as a member of Altavista EMS that I am responsible and liable to return all property assigned to me by Altavista EMS I agree that any personal articles left in the Altavista EMS premises will be removed immediately upon my resignation or termination. I understand that Altavista EMS will take the appropriate legal action necessary should I not return all articles assigned to me.

I attest that all in the information supplied on this form is true to the best of my knowledge. \_\_\_\_\_

Signature

Date

Members of Altavista EMS and applicants for membership shall be offered equal opportunity in all aspects of membership without regard to race, color, religion, political affiliation, national origin, handicap, sex or age.

Comments of references \_\_\_\_\_

Interview was conducted by \_\_\_\_\_

Comments from interview \_\_\_\_\_

Membership Committee recommendation \_\_\_\_\_



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**Virginia Department of Motor Vehicles**

**1301 H Main Street**

**Altavista, VA 24517**

**Date\_\_\_\_\_**

**Dear Sir or Madam:**

**This is to attest that \_\_\_\_\_ is an applicant for our volunteer rescue squad. Our membership committee requires a current copy of the applicant's driver's transcript. Your assistance in this matter is greatly appreciated.**

**Thank you,**

**Teresa Graves**

**Membership Committee Chairperson, Altavista EMS**