



Greater Manassas Volunteer Rescue Squad

P.O. Box 123
Manassas, Virginia 20108-0123

www.gmvrs.org
703-361-2030

Dear Applicant,

Thank you for your interest in the Greater Manassas Volunteer Rescue Squad. In order to make a membership decision, we need a thorough and detailed review of your qualifications. Please complete the attached application as carefully and accurately as possible. Our membership guidelines are specific and the information you provide is weighed heavily in the review process.

The Greater Manassas Volunteer Rescue Squad does a thorough background investigation of all applicants prior to becoming a member. In addition to verifying all the information on your application, we will be doing a motor vehicle, criminal history, and reference checks as part of your background investigation.

Our goal is to provide opportunities to the best-qualified applicants and to maintain a high standard of professionalism throughout the Greater Manassas Volunteer Rescue Squad.

Upon completion of this application, please take a few moments to review the information for accuracy.

Sincerely

Michael Enright
President



Greater Manassas Volunteer Rescue Squad

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APPLICATION FOR MEMBERSHIP

Membership Type

Active

Associate II

Auxiliary

Junior

Today's Date:

____/____/____

Phone (home):

Full (Legal) Name:

Phone (work):

Address:

Phone (other):

City:

State:

Zip:

Gender:

Male

Female

Birth Date:

____/____/____

SSN:

Race:

Occupation:

Name and Address of Employer:

Emergency Contact Person:

Emergency Contact Address:

Emergency Contact Phone:

City:

State:

Zip:

List three (3) non-squad, non-related references that you have chosen to complete a character reference sheet. References should be 18 years of age or older. **Please give complete addresses.**

Name:

Address:

Phone Number:

City:

State:

Zip:

Name:

Address:

Phone Number:

City:

State:

Zip:

Name:

Address:

Phone Number:

City:

State:

Zip:



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CERTIFICATIONS

If you currently possess any certifications that apply please list them below (CPR, EMT, EVOC, etc):

If you are currently a member, or have ever been a member with another fire or rescue department, please list the company, a contact person, and the reason for leaving that fire or rescue department (preferably the chief or president).

Department and Contact:

Address:

Reason for Leaving:

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with the Greater Manassas Volunteer Rescue Squad by laws. I authorize the references listed to give you any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing it to you.

I have read and fully understand all information stated above.

Applicant's Printed Name:

Applicant's Signature:

Date:



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APPLICANT MEDICAL STATEMENT

Name: _____ Date: _____

Physician: _____ Phone: _____

Allergies (medications and non-medications): _____

Current Medications: _____

Significant Medical History: _____

Do you have any back related illness or injuries that would limit your lifting abilities? Yes No
If yes, please explain: _____

Have you ever been treated for alcohol or drug abuse? Yes No
If yes, please explain: _____

Are you currently, or have you ever been diagnosed or treated for any of the below-listed items? (Please check all that apply.)

Asthma	Yes	No	Migraine	Yes	No
Heart Problems	Yes	No	Stroke	Yes	No
Seizure Disorder	Yes	No	Cancer	Yes	No
Diabetes	Yes	No	Blindness	Yes	No
Ulcer	Yes	No	Hearing Loss	Yes	No
Syncope / Fainting	Yes	No	Mental Illness	Yes	No

If you checked yes to any of the above listed items, please give a brief explanation: _____

All information contained in this form is for confidential Rescue use only.

I, _____, certify the above information is complete, accurate, and true to the best of my knowledge.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____



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HEPATITIS-B VACCINATION

All members of the Greater Manassas Volunteer Rescue Squad are recommended to be vaccinated against Hepatitis-B. We require all members to start vaccination series within two (2) weeks at no charge, to sign a waiver stating they do not wish to participate in the program, or provide proof of previous Hepatitis vaccinations.

The series consists of three (3) injections given over a period of six (6) months. After the initial injection, the second is given thirty (30) days later. The final injection is given five (5) months afterward. A blood test is given one (1) to six (6) months after the third injection to determine if you have been immunized.

Contraindications are pregnancy, allergies to yeasts or molds, or running a fever at the time of injections. Contact your private physician prior to being vaccinated if you have any concerns. Less than one percent (1%) of those receiving these injections experiences any reaction(s). Possible side effects are: soreness, redness, swelling at the injection site, temperature, and flu-like symptoms. If you experience any of these symptoms, treat them as you would the flu.

I agree to be vaccinated against Hepatitis-B under my own free will. I hereby release the Greater Manassas Volunteer Rescue Squad from any and all liability related to my participation in the vaccination program.

(initial here)

I have been previously vaccinated against Hepatitis-B and have attached proof of vaccination, therefore I will not be participating in the Greater Manassas Volunteer Rescue Squad Hepatitis-B program.

(initial here)

I wish not to participate in the Hepatitis-B vaccination provided by the Greater Manassas Volunteer Rescue Squad.

(initial here)

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Applicant's Signature:

Date:



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HEALTH HISTORY AND IMMUNIZATION RECORD

A separate medical record is required for each employee and is to be kept for the length of employment plus 30 years. This information is particularly important in determining vaccination status and recommendations for treatment in the event of an exposure incident.

Please note that this information will be kept confidential and may be accessed by the employee at any time upon written request to the Infection Control Officer. Please keep the following information as accurate as possible.

<u>Disease History</u>			<u>Date</u>	<u>Disease History</u>			<u>Date</u>
Measles	Yes	No	_____	Tuberculosis	Yes	No	_____
Mumps	Yes	No	_____	Meningitis	Yes	No	_____
Rubella	Yes	No	_____	HIV Infection	Yes	No	_____
Chicken Pox	Yes	No	_____	Polio	Yes	No	_____
Hepatitis	Yes	No	_____				

Immunization Record

HBV Series

Dates Received: _____
Vaccine Type: _____ Titer Results _____

Measles, Mumps, Rubella (MMR) Date: _____ Booster Date: _____

Tetanus / Diphtheria Date: _____

Influenza Vaccine Date: _____

TB Skin Testing Date: _____

Polio Date: _____

Varicella (Chickenpox) Date: _____

I attest that the above information is complete and accurate to the best of my knowledge. I understand that this information will only be used as a baseline in the determination of treatment for a possible exposure incident and as a record of my immunization status.

Applicant's Printed Name:

Applicant's Signature: Date: _____



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PRELIMINARY INTERVIEW SHEET

Applicant must provide a copy of their Virginia Drivers License & DMV record.
Applicant must provide copy of their High School Diploma or GED (or other proof of higher education).
CPR for Healthcare Providers Certification prior to becoming a trial member.
Trial membership period of six (6) months after a minimum of 30 days preliminary status.
Duty crew assignments:
1 night crew assigned
1 weekend (36 hours) crew assigned
Holiday assignment
Certifications required for senior membership (EMT, EVOC within 6 months)
Business Meeting (4th Wednesday of each month)
Building Tour
Indoctrination Program Packet
Membership Committee – any questions contact
Mike Orazi, Stephanie Popish
Chief: Curt Huntington
Assistant Chief: Michael Orazi
Captain: Stephanie Popish
Lieutenants: Donald Brown
President: Mike Enright
Vice President: Nancy Orndoff
Secretary: Liz Heinbuch
Treasurer: Jeff Plumb
Introduction to Career Staff

Applicant's Printed Name:

Applicant's Signature:

Date:

Membership Committee's Printed Name:

Membership Committee Signature:

Date:



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AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the President / Chief of Greater Manassas Volunteer Rescue Squad, or any other authorized official of the Rescue Squad, bearing this release, permission to conduct a personal background check which I know will include any information held, in my personal and training files from other departments if applicable. I further authorize Greater Manassas Volunteer Rescue Squad to conduct a criminal background check as well as a driver's license check.

This release is granted with full knowledge and understanding that information is for the official use of the Greater Manassas Volunteer Rescue Squad, and furthermore, that it may be used to terminate this application. None of the information obtained will be released to any other individual or agency without consent of the applicant.

I hereby release you, as custodian of such records, from any liability or damage of whatever kind resulting at any time because of compliance with this authorization.

Print Full Name:

Signature:

Date:
