

**Broadway Emergency Squad, Inc.  
& Bergton Branch Station**



525 South Main Street; PO Box 666  
Broadway, Virginia 22815  
540-896-7995  
broadwayrescue50.org

**Dear Applicant:**

**Thank you for your interest in the Broadway Emergency Squad, Incorporated (BES). We are a volunteer organization serving the Northern portion of Rockingham County, covering over 215 square miles out of two stations. We provide emergency care to all medical emergencies within our immediate response area and sometimes beyond. Additionally, we work jointly with the Volunteer Fire Departments and County Fire and Rescue Department on fire and hazardous material incidents providing medical assistance if needed.**

**In order to cover the more than 1700 plus emergency 911 calls we respond to per year, we rely on dedicated and responsible volunteers willing to devote many hours a month to our squad. In order to become a full member it takes several months. Due to the time and monies involved in training each new member we are looking for people who are willing to dedicate at least 2 years of service. BES offers four different types of membership categories from which to choose - listed within this application. It is important that you specify which one you are interested in.**

**If you wish to mail in your application to the above address, please send it “Attn: Membership Chairman”. After your application is accepted, and after you complete our Training Academy (usually lasting 1 day), you will become a Trainee member. The following six months will provide you with training and experience as you work with an experienced crew. This period of time is for you to fully understand the commitment you have made to the squad; it is also for us to judge your performance. At the end of 6 months, the Membership Committee will make a recommendation to the membership whether or not to grant you full membership into the Broadway Emergency Squad, Inc. The membership will vote on this recommendation at the next regular business meeting.**

**I welcome you to this organization and hope that you find serving our community as rewarding as each of us has. As part of the Broadway Emergency Squad, Inc., you will be subject to experiences that you will never forget and you will also have the opportunity to play an enormous role in people’s lives in this community. If you have any questions feel free to call us at (540) 896-7995 or visit us at [broadwayrescue50.org](http://broadwayrescue50.org).**

**Sincerely,**

**Broadway Emergency Squad Inc.**

## **\*Membership Categories\***

<p><b><u>Member</u></b></p> <ul style="list-style-type: none"><li>• 4 duty shifts per month</li><li>• Attends monthly business meetings and training drills</li><li>• Includes voting privileges at meetings</li><li>• This membership category is eligible to hold an operational office</li><li>• Helps cover 2<sup>nd</sup> and 3<sup>rd</sup> calls</li><li>• Average monthly time commitment 48-60 hours</li></ul>	<p><b><u>Junior Member</u></b></p> <ul style="list-style-type: none"><li>• 3 duty shifts per month</li><li>• Attends monthly business meetings and training drills</li><li>• For individuals ages 16-17 years of age</li><li>• Average monthly time commitment: 36-48 hours</li><li>• Must maintain acceptable grades Can only be at building till 10 pm week nights</li></ul>
<p><b><u>Associate Member</u></b></p> <ul style="list-style-type: none"><li>• 3 duty shifts per month</li><li>• Attends monthly business meetings and training drills</li><li>• Does not vote at monthly business meetings</li><li>• Can be medical or non-medical</li><li>• Is for people who have an approved special circumstance</li></ul>	<p><b><u>Driving Member</u></b></p> <ul style="list-style-type: none"><li>• Patient Care Allowed only in performing CPR, assisting with lifting and obtaining equipment form unit</li><li>• 4 duty shifts per month</li><li>• ALS Providers are not eligible for this membership</li><li>• Attends monthly business meetings and training drills</li><li>• Helps cover 2<sup>nd</sup> and 3<sup>rd</sup> calls</li><li>• Average monthly time commitment: 48-60 hours</li><li>• This membership category is eligible to hold an operational office</li></ul>
<p><b><u>Probation Member</u></b></p> <ul style="list-style-type: none"><li>• 4 duty shifts per month</li><li>• Attends monthly business meetings and training drills</li><li>• Helps cover 2<sup>nd</sup> and 3<sup>rd</sup> calls</li><li>• Cannot run solo or be AIC until end of probation period and completion of CSEMS local protocol class</li><li>• Average monthly time commitment: 48-60 hours</li></ul>	<p><b><u>Life Member</u></b></p> <ul style="list-style-type: none"><li>• Attends monthly business meetings and training drills</li><li>• Includes voting privileges at meetings</li><li>• This membership category is eligible to hold an operational office</li><li>• Helps cover 2<sup>nd</sup> and 3<sup>rd</sup> calls</li></ul>

## **Application Process Timeline:**

- ❖ **Step 1 - Sign up for your 2 Mandatory Observer Shifts at the squad.**
- ❖ **Step 2 – Completed application is turned in to the Membership Chairman mailbox, located at 525 South Main Street. Please take the completed S.P. 167 form to the Rockingham County Fire and Rescue office as soon as possible.**
- ❖ **Step 3 - The Membership Committee will review and discuss your application.**
- ❖ **Step 4 – Interview with the Membership Committee to review commitments and answer any question you may have in regards to membership with the BES.**
- ❖ **Step 5 - Your name will be brought up at the next membership meeting as starting your probation period.**
- ❖ **Step 6 - You will begin to work regular duties (as outlined by your membership type) and for the next 6 months you will be a probation/trainee member.**
- ❖ **Step 7 - If you want to be able to drive you must be 21 years old and have completed an EYOC course before driver training can begin.**
- ❖ **Step 8 - Upon completion of the 6-month probation period, you will meet with the training committee to review your performance. The training committee will make a recommendation to the Membership committee. The Membership Committee with review all of the information from your probation period and a recommendation will be presented to the Membership to determine if you will become a full member of the Squad. If reasons dictate, the Membership can recommend additional probation time or dismissal.**
- ❖ ***Please keep all pages previous including this page. Turn in the rest of the pages going forward except for the last 3 pages. You may keep these also.***

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*Statement of Commitment to this Organization*

I, \_\_\_\_\_, hereby apply for membership with the Broadway Emergency Squad, Inc. I agree to the following:

1. I grant the release of any information that may be helpful to the Broadway Emergency Squad, Inc. membership committee in an investigation of my background in consideration for Squad membership.
2. If accepted, I agree to abide by all Federal, State and Local laws, the Constitution and Bylaws of the Squad, The House rules, BES Standard Operating Procedures (SOPs) and all other rules of the Squad. (These will all be covered on your orientation training day.)
3. At any time I can be asked to resign or be dismissed from the Squad due to a failure to uphold my agreed upon commitments.
4. Membership requires at least 2 years or more commitment to the Squad. Life membership can be had after 10 years of continuous service.
5. I must possess and maintain current CPR certification - with a card on file. (Your application will not be considered until you have proof of CPR certification. Please enclose a copy of your current CPR card to this application).
6. If applying for a medical position, enclose a current copy of all certifications.
7. If accepted, I will attend monthly business meetings and training drills.
8. All information included in this application is truthful and accurate to the best of my knowledge. I understand that any misinformation found may be grounds for immediate dismissal.
9. I agree to pull the required monthly duty specified under the membership types listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Driving record that is **current** within the last 30 days. This can be printed online at the DMV website, or can be obtained from any Department of Motor Vehicles. Only required if you are also going to be a driver.
- A copy of a current CPR card. (Must have CPR prior to being accepted into this organization) If you have questions about this call the squad at 540-896-7995.
- If applying for a medical position, enclosed a copy of all current Certifications.
- Proof of submittal of Criminal Background check document to RCFR office.
- All applications will be considered incomplete until these things have been completed.

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**DEMOGRAPHICS:**

Name:	SSN:
Address:	City/State/Zip:
Phone Number:	Alternate Phone Number:
Email Address:	Date of Birth:
Emergency Contact Name:	Emergency Contact Number:

**REFERENCES: (Name, phone number, and relationship for three professional references)**


**EDUCATION/EMPLOYMENT**

Current Employer:	Length of time employed:	Phone Number:
Current Education Level:	Degree/Major:	

**EMS CERTIFICATIONS: (INCLUDING CPR)**

Certification:	Expiration Date:

**PREVIOUS EMS/FIRE/MEDICAL EXPERIENCE**


**MEMBERSHIP CATEGORY REQUESTED**

Full Member _____	Driver Non-Medical _____	Junior _____
Associate Medical _____	Associate Non-Medical _____	

**MEDICAL HISTORY**

Are you currently being treated for any medical conditions?	Yes_	No
Are you currently under a physician's care for any medical conditions?	Yes_	No
Do you routinely take any prescription or non-prescription medications?	Yes_	No
Do you have any condition that would prevent you from lifting or exerting at least 50 pounds of force?	Yes_	No
Have you every been treated for a mental or psychological disorder?	Yes_	No



**FOR OFFICIAL USE ONLY:**

**Membership Committee Action:**

Application Reviewed

Date:

Reference Checks Completed

Date:

Attach Completed Reference Results to App

Criminal History Check Results

Date:

Signature:

Probationary Member Accepted:

Yes\_ No

Date:

Trainee Member Promotion:

Yes\_ No

Date:

Permanent Member Recommended:

Yes\_ No

Date:

If No to any above, state reason:

**Membership Action:**

Permanent Member Accepted:

Yes\_ No

Date:

Dismissal:

Date:

Reason:

Resignation:

Date:

Reason:

**Exit Interview Information:**

## **OBSERVER GUIDELINES AND AGREEMENT ADDENDUM**

**Persons who desire to participate in the Observer Program of this rescue squad must complete this addendum prior to consideration. Please read the following information carefully and sign where indicated.**

- a. Observers will follow the Code of Conduct for this rescue squad.
- b. Any person wishing to ride with the rescue squad on calls only to observe will be classified as an Observer. The Observer Agreement and Application must be filled out and returned to a member of the Membership Committee of the Broadway Emergency Squad, Inc. before the Applicant will be allowed to ride along on an emergency call
- c. An Observer Card must be presented to the ambulance crew each time before riding along on an emergency call. There will be a maximum seven (7) day processing period for the Application before a card can be issued. If approved, the Applicant will receive his/her card at the end of the processing period. Observer badges shall be worn when running calls.
- d. Observers will not be allowed to ride along on calls that possibly involve violence (i.e. fights, gunshot wounds, suicides, etc.) or on obstetrical calls.
- e. Recording devices or cameras are not allowed on any call. This includes the use of cellular telephone cameras or recording technology.
- f. Observers will be assigned to a rescue squad member on each call. The Observer must follow any and all directions given to him/her when on a call. There may be some situations when the assigned rescue squad member will ask the Observer to remain at a certain location or to assist in some way.
- g. Observers are encouraged to ask questions about the work the rescue squad does. The Observer should refrain from asking questions about a patient in the presence of the patient or the patient's family.
- h. Observers are reminded that any and all information about a patient and his/her condition is confidential. Observers must be at least sixteen (16) years of age to observe or become a member of the rescue squad.
- j. The Observer will ride in the back of the ambulance on the way to a call. The Observer may be asked to ride in the front on the way to the hospital, depending on the number of crew members and the situation.
- k. The rescue squad members on any call reserve the right to deny the Observer the opportunity to ride along. If the situation merits additional members on the crew, the Observer may be asked to stay behind.
- l. Observers are not allowed to be on rescue squad property, in an ambulance, etc. without the presence of a Line Officer, Senior Member, Associate Member, or Active Life Member.
- m. Observers may not be on rescue squad property, in an ambulance, on calls, or at rescue squad functions within eight (8) hours of consuming alcoholic beverages.
- n. The normal hours for observing are 1800-2200 hours. If it becomes necessary for an Observer to observe at hours other than those stated (for instance, during daylight hours), he/she should contact the Membership Director in order to make other arrangements. Observers may stay past 2200 hours if approved by the crew leader and if a full member remains in the building with the Observer. The Observer May not stay past Midnight or spend the night.
- o. At any time, either party may terminate this agreement for any violation of the Observer Agreement, Standard Operating Procedures or Constitution, or any concern revealed by the investigation of the Application for Membership.
- p. If the Application is approved, the Observer Card will be issued for a period of no longer than thirty (30) days. At the end of the period, the Observer agrees to turn in his/her Observer Card to the rescue squad. If he/she wishes to extend the Observer period, he/she must submit a request to the Membership Director. Only one (1) extension is allowed, and will last no longer than thirty (30) days.

I have read and understand these guidelines, and I will adhere to them. I agreed not to hold the Broadway Emergency Squad, Inc. liable for any injury, illness, disability, or loss of limb or life that I might sustain while participating in the Observer Program.

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Signature of Applicant

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Date



You may keep this page also.

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### **Training Academy Outline**

This is for applicants who already have EMT-B. For applicants in the EMT-B class, it will be covered as part of their class.

- 1.** Welcome and Station Tour
- 2.** Review By Laws
- 3.** Review SOP's
- 4.** Review House Rules
- 5.** Lunch-----Provided
- 6.** Radio Operations and Alert Pager's
- 7.** Image Trend overview
- 8.** Things Not Allowed During Probation Period
- 9.** Assign Mentor & Duty Crew
- 10.** Tour of all units and their equipment