

Broadway Emergency Squad, Inc. and Bergton Branch Station



525 South Main Street
Broadway, Virginia 22815
(540) 896-7995
broadwayrescue50.org

Dear Applicant,

Thank you for your interest in the Broadway Emergency Squad, Inc. Established in 1953, our team of highly trained and dedicated volunteers have been providing emergency medical care to patients within our approximately 215 square mile first due area. We work jointly with local fire departments and other EMS agencies to ensure that emergency calls are answered in a timely manner. To accommodate the approximately 2,300 calls for service that we receive per year, our station is jointly staffed with 24/7 career personnel provided by the Rockingham County Department of Fire and Rescue. Together, we serve our neighbors in their time of greatest need.

Our team is comprised of members of the community, such as yourself, wishing to make a difference in the lives of our fellow neighbors. Becoming a member of our team requires strong character, compassion, sacrifice and intensive training to learn the skills necessary to manage emergency situations. With your help, we can accomplish our goal of providing the highest quality of prehospital emergency medical care, in a timely manner, to our neighbors in need. We look forward to receiving your completed application and having you as a part of our team.

Sincerely,

Members of the Broadway Emergency Squad, Inc.

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Membership Categories

The Broadway Emergency Squad, Inc. offers four levels of membership to suit your specific needs. Although there are different requirements for each category of membership, every applicant must be at least 16 years of age, of good physical and mental condition, and hold a CPR certification. It is required by law that every applicant also complete and pass a background check prior to becoming a member of our organization.* Listed below are the four levels of membership and their requirements. Please find the one that best suits your interests.

Senior Member

This is the most common membership category for those seeking to volunteer with our organization. This level of membership is for those over the age of 18 and who hold an EMT certification, or are in the process of obtaining an EMT certification.

Requirements:

- Must be 18 years of age
- Must be certified as an Emergency Medical Technician in the Commonwealth of Virginia at the level of EMT, Advanced EMT, EMT-Intermediate, or Paramedic, be enrolled in a course to obtain one of these certifications, or enroll in a course within 6 months of joining.
- Must attend all monthly business meetings held the second Tuesday of every month, excluding July
- Must attend all monthly training drills held the fourth Tuesday of every month, excluding July
- Must attend duty once every six nights

Driving Member

This category of membership is designed for those not wishing to provide medical care to patients, but instead wish to operate the Squad's emergency vehicles.

Requirements:

- Must be 21 years of age
- Must hold an Emergency Vehicle Operators Course (EVOC) certification or be enrolled in a course
- Valid driver's license with a clean driving record
- Must attend all monthly business meetings held on the second Tuesday of every month, excluding July
- Must attend duty once every six nights

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Junior Member

This category of membership is for persons between the ages of 16 and 18. These members cannot be the attendant in charge, drive the squad's apparatus, or leave school to respond to an emergency. Junior members will have a restriction on the types of calls they are allowed to respond to and will be assigned a senior advisor.

Requirements:

- Must be 16 years of age
- Must be a certified as an Emergency Medical Technician in the Commonwealth of Virginia, be enrolled in an EMT course, or enroll in a course within 6 months of joining.
- Must attend all monthly business meetings held the second Tuesday of every month, excluding July
- Must attend all monthly training drills held the fourth Tuesday of every month, excluding July
- Must provide proof of acceptable grades

Associate Member

This category of membership is designed for medical personnel unable to commit to a regular duty schedule, as well as persons wishing to serve the squad in a non-operational role, such as assisting with fundraisers or maintenance.

Requirements:

- Must attend all monthly business meetings held the second Tuesday of every month, excluding July

*The steps for completing the background check are as follows:

1. Obtain a fingerprint card from the Rockingham County Fire and Rescue Office located at 20 East Gay Street in Harrisonburg
2. Take the fingerprint card to the Rockingham County Sheriff's office located at 25 South Liberty Street in Harrisonburg to get fingerprinted. Fingerprinting is only available on Tuesdays and Fridays.
3. Return the completed fingerprint card to the Rockingham County Fire and Rescue Office and advise them that you are seeking membership at Broadway Emergency Squad, Inc.

The results of the background check will be sent to the Captain and, if clear, an interview will be scheduled with the Membership Committee at a time that best suits you.

**After completion of all forms and processes, as well as being voted in by the membership, you will complete a six-month probation period. You will be assigned a duty crew and expected to be present for duty. This period is designed to get you acquainted with our organization and for us to gauge your performance.

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Application Process Checklist

- Complete application and return to the station or mailed to P.O. Box 666 Broadway, Virginia 22815
- Completed reference checks returned to the station or mailed to P.O. Box 666 Broadway, Virginia 22815 (Not to be completed by family members)
- Complete background check
- Complete two observer shifts
- Interview with the Membership Committee
- Voted in as Probationary Member
- Complete six months of probation
- Voted in as Full Member

*****Keep pages 1-4 of this application for your records*****

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Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contact Name: _____ Telephone: _____

EDUCATION

	Name and Location	Graduate? Degree?	Major/ Subject of Study
High School			
College or University			
Specialized Training, Trade School, etc.			

Current Employer: _____ Phone: _____

Position: _____ Length of time employed: _____

EMS Certifications (Including CPR):

Certification	Expiration Date:

Membership Category Requested:

Senior Member ___ Driver Member ___ Junior Member ___ Associate Member ___

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Medical History

- Are you currently being treated for any medical condition? Yes__ No__
- Are you currently under the care of a physician for any medical conditions? Yes__ No__
- Do you routinely take any prescription or non-prescription medications? Yes__ No__
- Do you have any conditions that prevent you from lifter or exerting at least 50 pounds of force? Yes__ No__
- Have you ever been treated for a mental or psychological disorder? Yes__ No__

If you answered yes to any of the above Medical History questions, please explain in detail below:

Short statement on why you want to join the Broadway Emergency Squad, Inc.

Observer Shifts Completed:

Date: _____ Crew: _____ Crew Leader Signature _____

Date: _____ Crew: _____ Crew Leader Signature _____

I certify that I have completed this application as accurately as possible.

Signature

Date

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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 membership with this organization.
2. If accepted, I agree to abide by all Federal, State and Local laws, the Bylaws and Standard Operating Procedures of this organization, the House Rules, and any and all other rules of the Broadway Emergency Squad, Inc.
3. At any time, I can be asked to resign or be dismissed from this organization due to a failure to uphold my agreed upon commitments
4. Membership requires at least two (2) years or more of commitment to the Broadway Emergency Squad, Inc.
5. I must possess and maintain a current CPR certification and provide a copy of the card attached to this application
6. I have attached a copy of all my pertinent certifications
7. If accepted, I will attend monthly business meetings and training drills as required by my category of membership
8. All information enclosed 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 attend the required duty shifts as required by my category of membership

Signature

Date

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Observer Guidelines and Agreement

- a) Observers will follow the Code of Conduct for the Broadway Emergency Squad, Inc.
- b) Any person wishing to ride with the rescue squad on calls only to observe will be classified as an Observer. The Observer Agreement must be filled out and returned to an executive member of the Broadway Emergency Squad, Inc. prior to being allowed to ride along on an emergency call
- c) 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.
- d) Recording devices or cameras are not allowed on any call. This includes the use of cell phone cameras or recording technology.
- e) Observers will be assigned to a senior member at the beginning of every observer shift. The Observer must follow any and all directions given to him/her during the observation shift.
- f) Observers are encouraged to ask questions, however, the Observer should refrain from asking questions about a patient in the presence of the patient or the patient's family.
- g) Observers are required to keep any and all patient information confidential.
- h) Observers must be at least sixteen (16) years of age.
- i) The Observer will ride in the back of the ambulance while en route to a call. The Observer may be asked to ride in the front of the ambulance on the way to the hospital, depending of the number of crew members and the situation.
- j) Members of the Broadway Emergency Squad, Inc. 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.
- k) Observers are not allowed to be on rescue squad property, in an ambulance, etc. without the presence of Active Member.
- l) Observers may not be on rescue squad property, in an ambulance, on a call, or at rescue squad functions within eight (8) hours of consuming alcoholic beverages.
- m) Observers may not stay at the squad past Midnight or spend the night.
- n) At any time, either party may terminate this agreement for any violation of the Observers Agreement, Standard Operating Procedures, Bylaws, or House Rules.

I have read and understand these guideline, and I will adhere to them. I agree 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.

Signature of Applicant

Date

Signature of Parent/Guardian (If under 18)

Date

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Social Media Acknowledgement Agreement

Due to legal and insurance issues that may arise from information being placed on social media, the administration of the Broadway Emergency Squad, Inc., our legal advisor, and our insurance company are announcing the following restrictions to personal social media. Effective immediately, no person(s) affiliated with the Broadway Emergency Squad, Inc. will be permitted to place any information pertaining to this organization or any other fire/rescue agencies on social media. Information that is prohibited includes, but is not limited to, posts, comments, pictures, slogans, department information, and call/incident information. The social media this applies to includes, but is not limited to, Facebook, Twitter, Instagram, and Snap Chat.

If any member is found to have disregarded this memorandum, the said member will be brought before the Board of Directors and may have disciplinary actions placed against them. Also, the said member(s) will not have departmental support and will be liable to any and all legal actions based on the information placed on social media. The Broadway Emergency Squad, Inc. will not be liable for any legal actions.

All members will be required to sign an acknowledgment agreement stating that they have been given the information and will adhere to the terms and conditions that have been set forth by the department. If member(s) refuse to sign the Acknowledgement agreement, that said member will be removed from operations and not be allowed to respond to emergency incidents.

I, _____, have been given all information regarding the Memorandum about Social Media Restrictions. By signing this agreement, I agree to all terms and conditions of the memorandum and understand that any breach of the agreement may and will result in disciplinary actions by the Broadway Emergency Squad. I also understand that I may have legal action placed against me if any arise from information placed on social media. I also understand that the Broadway Emergency Squad, Inc. will not be liable for my actions if I place information on any social media program.

Signature

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Volunteer Reference Check #1

Volunteer Applicant: _____

The Broadway Emergency Squad, Inc. would appreciate your assistance in providing us with a written reference for the above-mentioned individual. This form is not to be completed by family of the applicant. If you are in any way related to the applicant, please return this form to the applicant. We thank you in advance for your time and cooperation.

Name of Reference: _____

Company/School Name: _____

Address: _____
Street City/State Zip

Contact: _____
Home phone Cell phone Email

1. How long have you known the applicant?
2. What capacity have you known the applicant?
3. What do you consider to be the applicant's character strengths and how have they been demonstrated?
4. Would you recommend that the applicant volunteer in an EMS agency?

Yes___ No___

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5. If yes, any suggested areas or tasks you would recommend? If No, please explain why.

6. Please rate the applicant in the following area using a scale from 1 to 5 where 1=poor and 5=excellent
 - a. Dependability_____
 - b. Flexibility_____
 - c. Ability to work as a team_____
 - d. Communication effectiveness_____
 - e. Honesty_____
 - f. Enthusiasm_____
 - g. Initiative_____

Reference Signature

Date

I, _____, have applied for a volunteer position at Broadway Emergency Squad, Inc. and have given your name as a professional reference. I give permission for the release of the reference information to the Broadway Emergency Squad, Inc. I hereby release my professional references, my former employers and all institutions/organization for which I have volunteered or are currently volunteering from all liability for furnishing this information.

Applicant Signature

Date

*****Please return this form to the applicant within 10 days in a sealed envelope. Please place your signature over the sealed flap of the envelope*****

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Volunteer Reference Check #2

Volunteer Applicant: _____

The Broadway Emergency Squad, Inc. would appreciate your assistance in providing us with a written reference for the above-mentioned individual. This form is not to be completed by family of the applicant. If you are in any way related to the applicant, please return this form to the applicant. We thank you in advance for your time and cooperation.

Name of Reference: _____

Company/School Name: _____

Address: _____
Street City/State Zip

Contact: _____
Home phone Cell phone Email

1. How long have you known the applicant?
2. What capacity have you known the applicant?
3. What do you consider to be the applicant's character strengths and how have they been demonstrated?
4. Would you recommend that the applicant volunteer in an EMS agency?

Yes___ No___

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5. If yes, any suggested areas or tasks you would recommend? If No, please explain why.

6. Please rate the applicant in the following area using a scale from 1 to 5 where 1=poor and 5=excellent
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 - b. Flexibility_____
 - c. Ability to work as a team_____
 - d. Communication effectiveness_____
 - e. Honesty_____
 - f. Enthusiasm_____
 - g. Initiative_____

Reference Signature

Date

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Applicant Signature

Date

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Volunteer Reference Check #3

Volunteer Applicant: _____

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Name of Reference: _____

Company/School Name: _____

Address: _____
Street City/State Zip

Contact: _____
Home phone Cell phone Email

1. How long have you known the applicant?
2. What capacity have you known the applicant?
3. What do you consider to be the applicant's character strengths and how have they been demonstrated?
4. Would you recommend that the applicant volunteer in an EMS agency?

Yes___ No___

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5. If yes, any suggested areas or tasks you would recommend? If No, please explain why.

6. Please rate the applicant in the following area using a scale from 1 to 5 where 1=poor and 5=excellent
 - a. Dependability_____
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 - d. Communication effectiveness_____
 - e. Honesty_____
 - f. Enthusiasm_____
 - g. Initiative_____

Reference Signature

Date

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Applicant Signature

Date

*****Please return this form to the applicant within 10 days in a sealed envelope. Please place your signature over the sealed flap of the envelope*****