



APPLICATION PACKET

A Helping Hand For Our Fellow Man Since 1939

Rescue 2 - Vinton, Virginia

110 West Jackson Avenue – www.vintonems.com – 540-983-0641



Vinton First Aid Crew

A Helping Hand For Our Fellow Man
Since 1939 Rescue 2 – Vinton,
Virginia

WELCOME LETTER — PLEASE READ

Dear Prospective Member,

Thank you for your interest in joining the Vinton First Aid Crew(VFAC).

VFAC has been serving the community of Vinton and surrounding areas of Roanoke County for more than 80 years providing pre-hospital care with professionally trained volunteers. As a non-profit and independently operated volunteer agency in Vinton, we are based out of one station with two ambulances, a squad truck, response SUV, and a Rehab Unit. We answer 1,400+ emergency calls per year from persons sick or injured, motor vehicle accidents, fires, and everything in between. We also provide EMS support for community events, sporting events, and concerts, as well as teaching community CPR, and Basic First Aid Courses.

Our members range from 16 to 70 years of age and come from all walks of life and careers. Some are local high school and college students looking to gain invaluable experience before pursuing careers in the medical field while others already work in emergency rooms or hospitals and want to keep their skills up. Some members are professionals in their related careers, blue collar workers, or stay at home moms, dads, or retirees.

All of our members are trained to professional healthcare standards and hold either state and/or national certifications for EMT's, Paramedics, Extrication, and Technical Rescue.

Our application process has been crafted to find highly motivated, committed, and qualified volunteers. In addition to having a desire to serve their community, they must be at least 16 years old, have a strong interest in pre-hospital patient care, and at a minimum be willing to attend a local EMT class and achieve EMT certification within 18 months of joining.

If this sounds like something you would be interested in, please continue on in this application packet. Read all of the pages and then fill out the attached forms. Completed forms can be dropped off at the station (address below) after 6:00pm on weekdays or any time on the weekends. You can also email completed forms to 2502@vintonems.com If at any time you have any questions about the membership process or if you would like a tour of our station, please don't hesitate to contact us.

Whatever your interest is, you are sure to find volunteering and serving your community an exciting and rewarding experience.

Sincerely,

Chris Sayre, Chief

Vinton First Aid Crew
110 West Jackson Ave.
Vinton, VA 24179



GENERAL MEMBERSHIP REQUIREMENTS

All applicants seeking membership with Vinton First Aid Crew must meet the following preliminary requirements:

- Be at least 16 years old
- Submit to and pass a preliminary Virginia State Police background check
- Submit to and pass a FBI National background check
- Complete 6 observation shifts
- Display exceptional maturity and character
- Be of good moral character
- Have a strong interest in pre-hospital patient care
- Willing to attend an EMT class and achieve EMT certification within 18 months of joining
- Able to meet the time commitment

MEMBERSHIP CATEGORIES

Associate/ High School Members

Our high school students are required to give 24 hours of participation a month. The associate level of membership is for our volunteers under the age of 18. School members are expected to run according to their scheduled shifts as well as attend all required business and training meetings. Members that are still in high school, during the school year associate members are sent home from their duty shifts at 10:00 PM on school nights, unless a note is received from their parents giving them permission to stay until 1200 AM. However, they are expected to stay for their entire shift at the station on weekends and when school is not in session. Associate members also able sign-up to staff trucks for special events and standbys based on their availability.

Eligibility:

- Be at least 16 years old
- Able to meet the expected job requirements as listed above
- Submits an end of the semester copy of report card reflecting a minimum 2.0 GPA in school

Full

Full Members are required to give 36 hours of participation a month. Full Members are expected to run according to their scheduled shifts as well as attend all required business and training meetings. Full Members also sign-up to staff trucks for special events and standbys based on their availability.

Eligibility:

- Be at least 18 years old or have graduated from High School
- Able to meet the expected job requirements as listed above

SUMMARY OF OPERATIONS

HOURS OF OPERATION

Monday – Friday Shifts
6 PM – 6 AM (following day)

Weekend Day Shifts
6 AM – 6 PM

Weekend Night Shifts
6 PM – 6 AM (following day)

During inclement weather or situational emergencies, personnel can be called up to provide staffing outside normal operating hours.

Requests can also be sent to the crew to staff trucks for sporting, concert, and community events that may be outside the normal operating hours. An individual's participation in these types of requests is based on their availability.

DUTY CREWS & SCHEDULE

At most rescue squads you run a set duty night, the Vinton First Aid Crew operates a little bit differently. The Vinton First Aid Crew allows you to write your own duty schedule. This provides flexibility with individuals schedules. Around the 15th of every month, the Assistant Chief sends out a schedule asking for your availability for the next month. You send in your availability and the assistant chief replies to let you know if you got your requested shifts. The shifts are filled in a first come first serve manner.

STATION & APPARATUS

RESCUE STATION 2

VFAC operates out of one station located at 110 West Jackson Ave covering the Town of Vinton and the surrounding areas of the Roanoke Valley, Bedford County, and Roanoke City. The station has seven bays capable of housing up to seven pieces of apparatus. It is also equipped with a kitchen and a dining area, small and large conference rooms for classes, meetings, and events, multiple offices, 2-person bunk rooms (unisex unless married), shower facilities, laundry room, high-speed Wifi throughout the building, and living area equipped with a big screen TV, HD-cable, and Netflix.

APPARATUS

Ambulance 21
Ambulance 22
Rehab 2

Ambulance 24
Car 20 Response SUV

LINE OFFICERS

Chief	Chris Sayre
Assistant Chief	Aaron Albertson
Captain	Haley Blair
Training LT.	Brandan Arthur
Equipment LT.	Logan Klepal
Sergeant	Nicole Vincent

BUSINESS OFFICERS

President	Jason Peters
Vice President	Steve Thrasher
Secretary	Sandy Sayre
Treasurer	Mitch Vaughan
PIO	Margo Karkenny
Chaplain	Tom Philpott

FLOW CHART FOR PROSPECTIVE MEMBERS

1. Read the Welcome Letter, General Membership Requirements, and Membership Categories sections of this packet.
2. Complete all of the forms in this packet and return them to the rescue squad any weeknight after 6:00pm or anytime on the weekends. You can also email the completed forms to 2502@vintonems.com.
3. The Captain will email you acknowledging receipt of your application and will send your forms to Roanoke County to begin processing your Virginia State Police background check. (When filling out your forms, please be sure to write down a legible and working email address.) You must pass this initial background check. Results can take between 5-7 business days to return.
4. When you have passed your initial background check and been given Observer clearance, the Assistant Chief will notify you via email and send you a copy of our Observer Guidelines that will instruct you in how to sign up for 4 observer shifts. These shifts will help you get a glimpse into what EMS life is like with Vinton First Aid Crew and give us an opportunity to get to know you.
5. An initial review of your application will occur at our next scheduled business meeting. Meetings are the first Monday of each month and begin at 7:30pm at the station. You are encouraged to attend.
6. Once you have completed your 4 observer shifts, you will be contacted to schedule a time to meet with Jennifer Sexton of Roanoke County to have your picture taken for your ID and fingerprints submitted for an FBI National background check. NOTE: Your national background check can take up to a month or more to process, so it is strongly encouraged that you meet with Jennifer as early as possible. If you are under 18, a parent or legal guardian must accompany you.
7. The Membership Committee will contact you to set up an appointment for an interview. If you are under 18, a parent or legal guardian must accompany you.
8. Upon receipt of the results of your FBI National background check and per the recommendation of the Membership Committee, a final review of your application will occur at the next scheduled business meeting. The crew will then vote to accept or decline you as a Probationary Member. You MUST be present at this meeting.
9. If accepted for probationary membership, you will be issued a uniform, ID, and assigned to a duty team (unless applying for Associate Membership) for a 6-month probationary period. If at any point during your probation the crew is not satisfied with your progress or feels that the relationship between you and the agency is not a good fit, the crew can vote to terminate your probationary membership.
10. Upon completion of your 6-month probationary period and having fulfilled the eligibility requirements set forth for the membership category you applied, the crew will vote to approve or deny your request for full membership.

APPLICATION CHECKLIST

- ☐ Read the Welcome Letter, General Membership Requirements, and Membership Categories sections of this packet.
- ☐ Submit all completed forms for processing by either dropping them off at the station or emailing them to 2502@vintonems.com.
- ☐ Pass a Virginia State Police background check.
- ☐ Sign-up and observe during 4 observationshifts.
- ☐ Get fingerprints submitted for an FBI National background check.
- ☐ Interview with the Membership Committee.
- ☐ Your application is submitted to the crew at Business Meeting. The crew votes to accept or reject as Probationary Member.
- ☐ Accepted for 6-month Probationary Membership
- ☐ Issued Uniform and personnel ID badge
- ☐ Entered in database and Facebook group
- ☐ Signed up for EMT class (if applicable)
- ☐ Received EMT certification
- ☐ Completed 6-month probationary period as well as probationary packet.
- ☐ Voted on as (Associate or Full) Member of the Vinton First Aid Crew.

If at any point you have any questions, please contact the Captain at 2502@vintonems.com.



MEMBERSHIP APPLICATION

Applying for:
(Please see eligibility requirements before selecting)

☐ Associate

☐ Full

PERSONAL INFORMATION

Last Name:		First:	Middle:
Address:			
City:	State:	Zip:	
Home Phone #	Work Phone #	Cell Phone #	
Age:	Date of Birth:		
Email:			

CURRENT EMPLOYER INFORMATION

Employer's Name:		
Address:		
City:	State:	Zip:
Supervisor:	Phone #	Best time to Call:

CURRENT CERTIFICATIONS

Certification:	Expires on:
Certification:	Expires on:
Certification:	Expires on:
Certification:	Expires on:

Please attach a photocopy of all certifications

Have you ever been a member of any Fire or EMS Agency: Yes ☐ No ☐

If yes, please detail below. Give the Agency Name, Dates of Service, and Reasons for Leaving. Also include a Supervising Officers Name and Title along with Telephone number where they can be reached.

Have you ever been convicted of a traffic offense? Yes ☐ No ☐ Have you ever been convicted with a felony? Yes ☐ No ☐

If yes to either question, please explain in detail.

PERSONAL REFERENCES**Do not list relatives, employers, or current crew members. High School students MUST list at least one teacher****REFERENCE ONE**

Name:

Address:

Home Phone #

Work or Cell #

Years Known:

Relationship:

REFERENCE TWO

Name:

Address:

Home Phone #

Work or Cell #

Years Known:

Relationship:

REFERENCE THREE

Name:

Address:

Home Phone #

Work or Cell #

Years Known:

Relationship:

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

First Name:

Last:

Relationship:

Address:

City:

State:

Zip:

Home Phone #

Work #

Cell #

How did you learn about the Vinton First Aid Crew?

Please list any friends who are members of the Vinton First Aid Crew

What are your expectations for seeking membership with the Vinton First Aid Crew?

AGREEMENT & AUTHORIZATION

I certify that all information provided on this application is true, accurate and complete. I understand that falsification of, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of membership or immediate termination of membership, regardless of how or when the information was discovered.

I understand that all of the information on this application is subject to verification and I consent to criminal history, driving record, and background checks, if applicable. Disclosure of a criminal conviction record is not an automatic bar from membership and will be considered on an individual and job-related basis. I further understand that I may have to pass a physical examination as a condition of my membership and that I may be required a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers, former volunteer agencies, and educational institutions regarding this application. I hereby release the Vinton First Aid Crew Inc. from any/all liability of whatever kind and nature resulting from obtaining and having a membership decision based on such information.

I also agree that all equipment issued to me will be returned in satisfactory condition at the request of the squad or its agents. Failure to return any equipment will obligate me to pay for its replacement cost to the Vinton First Aid Crew.

I have read and understand the above information.

Print Name:

Applicant's Signature:

Date:

IF APPLICANT IS A MINOR, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED

By signing below, I am indicating that I am aware that my child is applying for membership with the Vinton First Aid Crew, and I agree fully with the above authorization concerning allowing the Vinton First Aid Crew to conduct a background investigation on my child, to include school records if necessary. I further understand that if accepted for membership, my child must comply with all rules and regulations set forth by the Vinton First Aid Crew. I agree to be responsible for all equipment issued to my child and will be responsible for replacement cost for any lost or damaged equipment.

Print Name:

Relationship:

Parent's Signature:

Date:



Vinton First Aid Crew Inc.

P.O. Box 314
Vinton, Virginia 24179
www.vintonems.org

Serving our Community Since 1939



Name (last)	(First)	(Mi)	(suffix)
Street Address			
City	State	ZIP	
Drivers License Number		Birth Date	

I authorize Vinton First Aid Crew Inc. to conduct a pre-volunteer driving record check through the Virginia Department of Motor Vehicles to include my license history and conviction data. Additionally, if accepted as a member, I understand the Vinton First Aid Crew Inc. will request an annual driving record through Virginia Department of Motor Vehicles and may monitor my driving record. I further understand that the Vinton First Aid Crew may share my driving record with Roanoke County Fire and Rescue.

Applicant Signature

Date

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Roanoke County Fire & Rescue Department Volunteer Application

Volunteer Organization: _____	<table border="1"><tr><td>New Applicant</td><td><input type="checkbox"/></td></tr><tr><td>Previous Volunteer</td><td><input type="checkbox"/></td></tr><tr><td>Currently a Volunteer w/another RCFRD organization</td><td><input type="checkbox"/></td></tr></table>	New Applicant	<input type="checkbox"/>	Previous Volunteer	<input type="checkbox"/>	Currently a Volunteer w/another RCFRD organization	<input type="checkbox"/>
New Applicant		<input type="checkbox"/>					
Previous Volunteer		<input type="checkbox"/>					
Currently a Volunteer w/another RCFRD organization		<input type="checkbox"/>					
Applicant Name: _____							
Present Address: _____							
City: _____ State: _____ Zip: _____							

Date of Birth: _____	E-Mail _____
Home Phone: _____	Work Phone: _____ Mobile: _____
Employer: _____	Address: _____
Position held: _____	
Next of Kin: _____	Relationship: _____
Phone: _____	Address: _____

EDUCATION/QUALIFICATIONS

Please list highest level of education: _____

Current OEMS, VDFP or VAVRS Certifications held: _____

Do you have a valid Virginia driver's license: ☐ Yes ☐ No

REFERENCES

List three persons who are not related to you who know your qualifications or your character

Name	Address	Phone	Relationship	Occupation

BACKGROUND

Have you ever been convicted of any violation(s) of the law? ☐ Yes ☐ No

Please note the type of violation(s): ☐ Felony ☐ Misdemeanor ☐ Traffic (moving) violation-excluding minor traffic violations

Description of offense(s): _____

Date of Charge(s): _____ Date of Conviction(s): _____ County, City, State of Conviction(s) _____

If more than one offense, please include additional information on an attached plain sheet of paper.

CERTIFICATION

I certify that all information provided on this application is true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of acceptance or termination of volunteering status, regardless of when or how discovered.

I understand that all information on this application is subject to verification and I consent to criminal history checks. I further understand that I may have to pass a medical examination as a condition of my volunteering and that I may be required to provide a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers and educational institutions regarding this application.

I acknowledge that I have read and understand the above statements and by submission of this application hereby grant permission to confirm the information supplied on this application.

If 16 or 17 years of age you must have Parental consent signature Date

Signature of Applicant Date

_____ Sign	_____ Date	1. Approval for applicant to meet w/ RCFRD Volunteer Office w/ pink copy by appointment (777-8706)
_____ Sign	_____ Date	2. Accepted by organization for membership (send yellow copy to Volunteer Office)
_____ Sign	_____ Date	3. Membership Denied

For RCFRD Office Use Only: ☐ Roster ☐ E-mail ☐ C/Cure ☐ Aegis/CAD ☐ T/B ☐ A/Tags

Roanoke County Fire & Rescue

NEW APPLICANT CHECKLIST

Name of Applicant _____ Organization _____

- ☐ RCFRD Volunteer Application--signed by Volunteer Chief
- ☐ Driver's License—copy
- ☐ Social Security Card
- ☐ Criminal History Record Search Form—completed
- ☐ Driving Eligibility Letter of Understanding—signed
- ☐ Virginia DMV Information Request Form—signed
- ☐ ID/Access Form—signed
- ☐ RCFRD Job Description
 - ☐ Fire
 - ☐ Rescue
- ☐ Fingerprint Card
- ☐ Photo in duty shirt

NOTES:

Signature of RCFRD staff member who met with applicant _____

FOR OFFICE USE:

- ☐ VA Background Search
- ☐ FBI Clearance/Memo Sent
- ☐ CPO Sent to Chief
- ☐ Medical Approval/Memo Sent
- ☐ Organization Approval Rcvd/Final Memo Sent
- ☐ ID/Access Card sent to Chief

ADD TO THESE SYSTEMS ONCE ACCEPTED:

- ☐ C/Cure Station Access System
- ☐ RCFRD Roster Profile
- ☐ Image Trend (Rescue)
- ☐ Aegis Fire Records
- ☐ Volunteer Email Address Book
- ☐ AMCOM SMS

Roanoke County Fire & Rescue

DRIVING ELI; I6-LITY

Volunteer Personnel driving emergency vehicles in response to emergencies or during non-emergencies such as training must be:

- 21 years of age or older
- Possess a valid operator's license issued by the DMV State of Virginia
- Possess -2 or better driving points on their DMV record and
- Must have completed a EVOC course

Personnel who are preparing for EVOC certification may drive for parking lot/road time with a qualified person who is EVOC certified to become familiar with the emergency apparatus. In order to be eligible to drive county insured vehicles you must complete a DMV form authorizing RCFRD to complete a driving record check and provide the volunteer office with your current EVOC certificates. In turn, the volunteer office will send written documentation to appropriate Chief that a volunteer is covered by insurance and eligible to drive county vehicles.

I understand the above policy and will refer to the "Driving County Vehicles and Responding To and From Alarms Policy" in the Fire and Rescue Personnel SOP & SOG Handbook before driving any Roanoke County insured vehicles.

Signature of Applicant: _____ Date: _____

Virginia DMV Information Request Form

Name	(last)	(first)	(mi)	(suffix)
Street Address				
City		State	Zip	
Driver License Number		Birth Date (mm/dd/yyyy)		
<p>I authorize Roanoke County Fire & Rescue Department to conduct a pre-volunteer driving record check through the Virginia Department of Motor Vehicles to include my license history and conviction data.</p> <p>Additionally, if accepted, I understand that RCFRD will request an annual driving record through the VDMV and may monitor my driving record.</p>				
Subject Signature			Date (mm/dd/yyyy)	

CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To: Virginia State Police
Central Criminal Records Exchange
P.O. Box 85076
Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):

- | | |
|---|---|
| <input type="checkbox"/> CHILD DAY CARE | <input type="checkbox"/> COUNTY/CITY PUBLIC SCHOOLS |
| <input type="checkbox"/> DOMESTIC ADOPTION | <input type="checkbox"/> INTERNATIONAL ADOPTION |
| <input type="checkbox"/> ADULT DAY CARE OR ADULT CARE RESIDENCE | <input type="checkbox"/> FOSTER CARE |
| <input type="checkbox"/> NURSING HOME OR HOME HEALTH | <input type="checkbox"/> EMPLOYMENT |
| | <input type="checkbox"/> OTHER (Please Specify) _____ |

NAME TO BE SEARCHED:LAST NAMEFIRST NAMEMIDDLE NAMEMAIDEN NAMERACESEXDATE OF BIRTH

(MM/DD/YYYY)

SOCIAL SECURITY NUMBER

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: ____/____/____ (MM/DD/YYYY)

Signature of Person Making Request: _____

Printed Name: _____

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

NAMEATTENTIONADDRESSCITYSTATEZIP CODE**FEES FOR SERVICE:**

FEES:

- ☐ \$15.00 CRIMINAL HISTORY SEARCH
☐ \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* FEES For Volunteers with Non-Profit Organizations:

- ☐ \$ 8.00 CRIMINAL HISTORY SEARCH
☐ \$ 16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)CHARGE CARD: ☐ MasterCard  OR ☐ Visa  ☐ Certified Check or Money Order (attached, payable to Virginia State Police)Account Number: ____ - ____ - ____ ☐ Virginia State Police Charge Account Number: _____

Expiration Date: ____/____/____

Signature of Cardholder: _____

FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

☐ No Conviction Data – Does Not Preclude the Existence of an Arrest RecordPurpose code: ☐ C☐ No Criminal Record – Name Search Only☐ No Criminal Record – Fingerprint Search☐ N☐ No Sex Offender Registration Record☐ Criminal Record Attached☐ O

Date _____ By CCRE/ _____

T-10 Volunteer Tracking Form



Roanoke County Fire & Rescue Department Volunteer EMS

To participate in the delivery of health care can be a very rewarding experience. However, the responsibilities of an EMS provider are great and at times extremely stressful. The balance of a patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive, but can also be a source of frustration, guilt, and emotional distress. Physical injury is also a very real possibility. EMS providers are at a greater risk of exposure to infectious diseases, hazardous environments, and violent behaviors. Emergency Medical Services training programs provide information on how to protect oneself when dealing with these hazards. However, the nature of EMS activities tends to place EMS providers in dangerous situations where the maturity and experience to deal with critical decisions is of the greatest importance.

Please review the Volunteer Job Description for Emergency Medical Services.

EMS VOLUNTEER DESCRIPTION

GENERAL STATEMENT OF DUTIES:

Engage directly in providing emergency medical services using support and stabilization procedures at the scene of an accident or illness and during transport to medical facilities, assists in the maintenance of stations and equipment, does related work as required.

DISTINGUISHING FEATURES OF THE CLASS:

A volunteer in this class performs responsible emergency medical services work in the Fire & Rescue Department under the general supervision of the volunteer station officer. Volunteers in this class are primarily responsible for responding to calls involving rescue. The EMS volunteer will test rescue emergency equipment in preparation for emergency calls. The volunteer assists in the routine maintenance of buildings and grounds at assigned stations. The individual must work well with the other emergency services including volunteer and career personnel often under hazardous and stressful conditions, responding promptly to directions given by the on-site supervisor.

EXAMPLES OF WORK: (ILLUSTRATIVE ONLY)

- Works at stations responding to calls for emergency assistance
- Provides emergency medical services using emergency life support and stabilization procedures at the scene of the accident or illness and during transport to medical facilities
- Performs rescue activities in potentially life-threatening situations
- Replenishes supplies and required vehicle maintenance following a call
- Prepares and maintains records and reports for emergency and patient responses, including legal accountability
- Through continuing training, keeps informed of the latest EMS techniques within training certification
- Monitors health, safety and the physical condition of personnel at fires or other hazardous sites
- Operates medical radio equipment
- Assists in routine maintenance of building and grounds at assigned stations

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

Extensive knowledge of emergency medical care within certification status. Able to work in hazardous or stressful conditions; ability to manage major emergency medical services incidents making appropriate decisions with regard to patient care; knowledge of the geographical layout of the County, including the street and road network; ability to work well with others; ability to follow oral and written instructions; ability to keep complex incidents reports; aptitude for mechanical work; ability to accept orders by radio.

ADDITIONAL REQUIREMENTS:

Certification in accordance with OEMS EMT-B certification &/or EVOC certification within (18) months of acceptance. Must maintain all required certifications throughout volunteer membership. Must maintain good physical fitness. Must successfully pass background screening to include criminal history.

EMS Volunteers may participate in training related to firefighting to see if they are interested, but first must complete the necessary steps including: Volunteer Office must receive written permission from the organization Chief and correlating Fire Company Chief, successful completion of medical exam by RCFRD contracted physician. Once completing the training, the EMS volunteer is not authorized or insured to participate in ANY firefighting activities until joining a RCFRD fire company.

I have reviewed the Volunteer EMS Job Description and having no further questions, consider myself to possess the necessary characteristics to perform the duties of a volunteer EMS provider. I understand that I will only be covered under workers compensation to perform these job related activities for which I am trained and certified and within in this job description.

SIGNED: _____ **DATE:** _____

O: 4/2006



183 Leader Heights Road
P.O. Box 2726
York, PA 17405
(800) 233-1957 or (717) 741-0911
www.vfis.com

BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

☒ New Insured ☐ Beneficiary Change ☐ Name Change: From: _____

Complete all of the following information:

Policyholder Name and Policy Number(s) (Emergency Service Organization Name)		
<input checked="" type="checkbox"/>	Policyholder	County of Roanoke
<input type="checkbox"/>	Policyholder	Policy Number
<input type="checkbox"/>	Policyholder	Policy Number
<input type="checkbox"/>	Policyholder	Policy Number
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	

Last Name:	First Name:	MI:
Date of Birth:	Date of Membership:	Social Security Number: / /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION – Primary Class	Relationship to Insured	Date of Birth	Percent (Must equal 100%)
<input type="checkbox"/> Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)			
BENEFICIARY DESIGNATION – Contingent Class	Relationship to Insured	Date of Birth	Percent (Must equal 100%)
(Name, address, phone number and/or email address of beneficiaries)			

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ Date: _____

Sample wording for Beneficiary Designations

Class	Relationship to Insured	Percent
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

Roanoke County Fire and Rescue ID ACCESS SYSTEM

- The RCFRD ID ACCESS system is a multi-function security system funded by a homeland security grant to keep our personnel as safe as they can be. It is an identification system as well as a station access system. Access is granted based on what stations personnel will need access to regularly.
- The badge you receive serves as your official identification card representing RCFRD. You should wear this badge visibly when you are on duty. This badge may be required on the scene of a multi-agency/department effort so please keep it with you when you are on duty at all times.
- To gain access to your assigned station you need to hold the badge within 1 inch of the small black box next to each station entry door. The door will unlock or disengage and then you are able to open it.
- Upon approaching an exit door from the inside of the station a sensor will acknowledge that you are close to the door and unlock the door for you to exit.
- The access system is connected to both electrical and generator lines. If the generator fails, there is a battery back up at each site that will power the access system until electrical power can be restored.
- The access system is networked to a main computer terminal. If the network temporarily fails there is a significant memory for the system to function until network access can be restored
- The cost of this security system is over \$500,000, but it is only as good as we make it. Please do not prop doors or let anyone in who you do not know. Please do not leave station doors open and unattended. When leaving on a call, please do not leave the station open and unsecured.
- If you lose your card you must report it missing immediately. Remember, you are responsible for the usage of this card.
- This badge is official property of RCFRD and must be returned upon conclusion of your services. Do not loan your card to anyone at anytime.
- By signing below you agree to use this ID/ACCESS system as indicated above and return your card upon terminating your services with RCFRD.



Name

Date



POLICY SECTION: Administration	NUMBER: A-01-14	PAGES:
SUBJECT: Citizen Observer Program	APPLICABLE TO: All Personnel	
EFFECTIVE DATE: October 1, 2004	REVIEW DATE: October 2021	REVISED DATE: 03/11/2020

A handwritten signature in cursive script, appearing to read "Stephen G. Simon".

Stephen G. Simon
Fire and Rescue Chief

This policy is for departmental use only and shall not apply in any criminal or civil proceedings. The Departmental policy should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this directive will be the basis for departmental administrative sanctions. Violations of law will form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.

I. PURPOSE

The purpose of the Citizen Observer Program is to promote understanding of the responsibilities and achievements of the Roanoke County Fire & Rescue Department in any given day.

II. POLICY

The Citizen Observer Program allows citizens, as well as county employees, to gain a realistic and comprehensive view of the duties of fire and rescue personnel. The Department will grant program participation without regard to age (other than minors under the age of 16), race, sex, religion, creed, or national origin.

III. PROCEDURE

A. Eligibility/Application

1. Observers must demonstrate a strong interest in pre-hospital care or firefighting and in joining Roanoke County Fire & Rescue Department either as a volunteer or career member. Observers must be at least 16 years of age at the time of application and must have approval from their parent/guardian if they are 16 or 17 years of age. Special circumstances may be made for public officials, administrators, media, etc. to observe as circumstances permit.
2. All Citizen Observers must first complete a Citizen Observer & Waiver Form (attached). The form should be submitted to the Volunteer Chief of the organization the applicant wishes to ride with, or Administration Office for those wanting to ride with a career unit.

3. A complete and current Citizen Observer & Waiver Form for each observer must be on file with RCFRD Administration Office. Each form will be good for 90 days. In appropriate cases, the form may be continued for a maximum of 120 days of total observation period.
4. Each observer must have a standard criminal history record completed through the Volunteer Office before they are cleared to observe. The criminal history must meet the RCFRD guidelines to participate. Felony convictions or convictions involving moral turpitude will be grounds for disqualification. Other convictions may be grounds for disqualification on a case-by-case basis. The criminal history must be completed within 30 days prior to the first scheduled ride along.
5. No persons will be allowed to use this Citizen Observer Program to fulfill court-ordered community service time.
6. No citizen observer shall carry a weapon of any kind while on county property or while riding on apparatus.

B. Officer-in-Charge Responsibilities

1. The officer in charge may terminate any or all of the observer's privileges at any time for any reason.
2. The officer in charge has full and final approval as to who is permitted on the apparatus. The Officer in Charge may choose to run a call without the observer for any reason. Alternately, an observer may choose not to run a call for any reason.
3. NO observer shall ever be left in the building unattended. If the observer does not go on the call, the observer will be asked to leave the station and escorted from the building. If the team goes to dinner, etc., the observer should be asked to attend. If the observer declines the invitation, they will be asked to leave and return after the team comes back from their destination.

C. Participant Conduct/Responsibilities

1. Observers must wear appropriate clothing. Sandals, shorts, tank tops, sweatshirts, flip-flops, soiled clothing or clothes with holes are not appropriate clothing. The observer should be dressed appropriately for the weather (if it is cold, bring a coat, etc.) No shirts or other clothing with logos that are disrespectful, derogatory, or involve themes of a sexual nature, drugs or alcohol will be allowed. It is recommended that women not wear skirts or dresses. The Officer in Charge will make the final decisions involving clothing.
2. Observers are not permitted to wear ANY crew identification, i.e. coats, shirts, bunker gear. There will be NO EXCEPTIONS. Observers WILL NOT use the radios in the units, RCFRD/crew cellular phones, or operate ANY emergency systems (lights, sirens, squad equipment, etc.)
3. Observers who currently hold ANY certification will not be allowed to practice any skills while under observer status. Observers who hold no certifications will not be allowed to perform ANY EMS or firefighting activity.
4. Observers are not allowed to operate any county insured vehicles.

5. The observer is under the direction of Officer in Charge at all times. While on the scene, the observer is under the direction of the incident commander.
6. Observers must follow all directions of the officer in charge. No interference with patient care, scene command, safety, or normal operation of the crew will be permitted. Failure of the observer to promptly and fully comply with all directions of the Officer in Charge will result in immediate suspension from the program.
7. Observers are required to conduct themselves in a mature and respectful manner at all times--whether in the building, out to eat, on calls, etc.
8. Observers who are asked to identify themselves at any time should reply by saying that they are an observer, and they are to make no statements to anyone regarding patient care, fire scene or any operations. The Officer in Charge should make every effort to identify the observer to the patient, their family, or any other fire, rescue, police officer.
9. No Observer is to respond to the scene of any call in a personally owned or operated vehicle. This does not preclude an individual's obligation to stop and attempt to render aid if they are the first on the scene of a wreck, etc. No Observer is to run ANY calls unless they are in the building with the Officer in Charge's permission and assigned to a team for the duration of a shift.
10. The Observer must wear proper identification, as determined by the Officer in Charge, so as to be easily recognized by all citizens and Roanoke County personnel. Observer identification must be worn on the outside of all clothing and must be visible at all times, whether in the building, out to eat, on a call, etc.

D. Roanoke County Communication Officers

1. On-duty Communication Officers will be guided by the procedures contained in the Communication Center Handbook.
2. Communications Officers will submit to the Roanoke County Fire & Rescue Administrative Office a copy of the Fire & Rescue Citizen Observer Form for scheduling and tracking purposes. A copy of the form will also be given to the Communications Shift Supervisor for their tracking purposes.
3. Communication officers-in-training during work hours will have assigned times to participate in the Citizen Observer Program. They will be assigned by Fire & Rescue Administration.
4. When riding, Communication Officers will wear appropriate civilian attire. Should a question arise, appropriate attire will be determined by the Officer in Charge.
5. Communication Officers who are asked to identify themselves will identify themselves as a Roanoke County Communication Officer.

Roanoke County Fire & Rescue Department

Citizen Observer Program Application & Waiver Form

The Citizen Observer Program is designed to allow citizens to gain a realistic view of the fire and rescue operations of Roanoke County Fire & Rescue Department. It is our hope that the insight gained by participating in this program will be both informative and enjoyable. The following information is required to begin the application process. Fill out all three pages of this form. **Please note that Name, Sex, Race and Social Security Number are all required for Roanoke County Fire & Rescue Department to process the background check.**

Name: _____
(Last) (First) (Middle)

Sex: Male / Female Race: _____

Date of Birth: _____ Social Security Number: _____

Complete Address: _____

Telephone: _____ Email Address: _____

Occupation: _____

If Student- Name of School Attending: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

TELEPHONE: _____

Do you have any medical condition that might affect your ability to participate in this program? Yes _____ No _____ If yes, explain: _____

Are you a member of a Fire/Rescue Organization? _____

If so, which one: _____

Are you participating in a Fire/Rescue Training Program? _____

If so, what type of training? _____

Have you ever been convicted of a crime? _____ If yes, explain _____

Date/Hours requested to observe: Date: _____ Time: _____

Please plan your observation time at least 24 hours from the date of this application for planning purposes.

INSTRUCTIONS TO CITIZEN OBSERVER

1. Participants should include members of a business or civic group, potential applicants for the position of firefighter or rescue member in Roanoke County, or are sponsored by a Roanoke County Fire/Rescue Volunteer Organization.
2. Participant must be at least 16 years of age to ride in any Roanoke County vehicle. If the applicant is 16–17 years of age, they must have their parent or legal guardian's permission verified by signature below.
3. Participants are required to dress in proper attire, to include clean, neat street clothes.
4. Participant must promptly follow all instructions given by the Officer in Charge during the observation time. No interference with the performance of operations shall be permitted.
5. Participants are required to conduct themselves in a mature, professional manner at all times.
6. Participants should identify themselves as a citizen observer at all times and may not under any circumstances assist in the responsibilities of the Firefighters or Rescuers.
7. The Citizen Observer Program shall be conducted at times that are convenient to the operations of the Fire and Rescue Department and limited to three times per year.
8. The observation period may be terminated at any time by the Officer in Charge.

I certify that I understand the requirements and responsibilities of participants in this program; and that I am aware of the potential risk involved with accompanying fire and rescue personnel during the performance of their duties. In consideration of the Roanoke County Fire and Rescue Department granting permission to enter in or upon any premises or vehicles which are under its actual care or constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of the Roanoke County Fire and Rescue Department, its officers, agents or employees. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive any and all notice of the existence of such conditions. I have also read the RCFRD HIPAA guidelines and agree to follow them. They are attached.

I agree to allow RCFRD to complete a Name Search Request for Criminal History Record and understand that my signature on this form gives RCFRD the authority to do so.

_____ Citizen Observer's Signature	_____ Date
_____ CO Parent/Legal Guardian's signature (if CO is 16-17 years old)	_____ Date
_____ Signature of Volunteer Officer in Charge or Career Captain in charge (If riding with Volunteer unit) (If riding with Career Unit)	_____ Date
_____ Signature of approval from Volunteer Chief; or Career Captain & Admin officer (Volunteer Chief or Career Captain agree to assure the C.O. follows the above instructions)	_____ Date