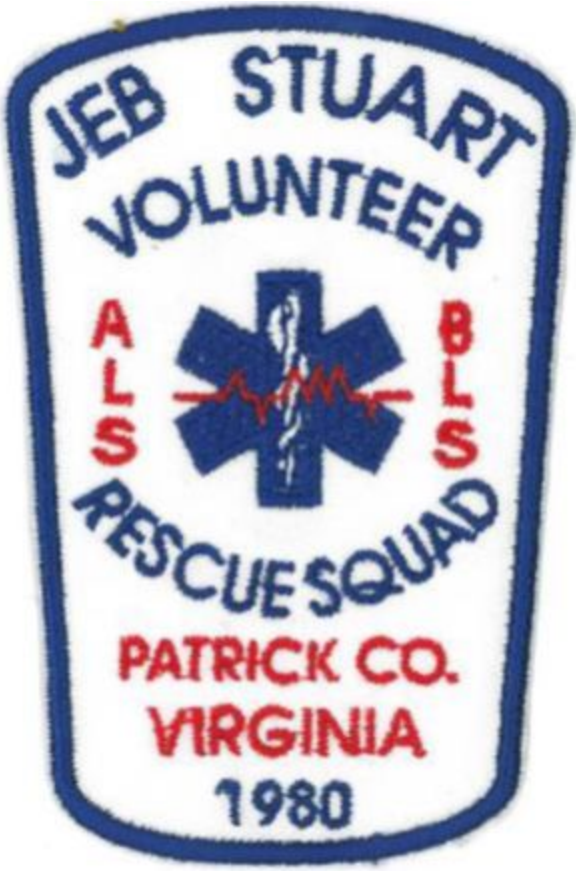
Jeb Stuart Rescue Squad Membership Application

Membership Application

1258 American Legion Road
Stuart, Virginia 24171
(276) 694-6171
(276) 694-5366 Fax
contact@jebstuartrescue.org



JEB STUART RESCUE SQUAD
APPLICATION FOR MEMBERSHIP

Membership Desired: (circle one) Active Auxiliary Associate Junior

Full Name: _____Age: _____ Social Security Number: _____

Address: _____City: _____State: _____ Zip: _____

Phone Number: (____) _____-_____Date of Birth: _____ Sex (circle one) Male Female
Employed By: _____Employer's Phone Number (____) _____-_____

Employers Address: _____City: _____State: _____Zip: _____

Spouse's Name: _____Children: _____

Can you leave work in an emergency situation? _____

Medical certifications and Expiration dates: (Please provide a copy of all certifications and this application.)
_____
_____
_____

Highest level of education completed: _____

Do you have any physical or medical problems? _____ If yes, explain _____
_____
_____
_____

Have you had any previous rescue squad experience? _____ If yes, please list dates/location:

Date: _____Location: _____ Position: _____
Date: _____Location: _____ Position: _____
Date: _____Location: _____ Position: _____

Please list three personal references:
Name: _____ Relation: _____Phone Number: (_____) _____-_____
Name: _____ Relation: _____Phone Number: (_____) _____-_____
Name: _____ Relation: _____Phone Number: (_____) _____-_____

Please give us a brief explanation of why you would like to join.
_____
_____
_____
_____
_____
_____

I declare all information is true to the best of my knowledge and give permission for any member of the Virginia State Police to check my criminal and sexual offense record, as well as my driving record.

I also understand that JEB Stuart Rescue Squad is a drug free department and has the right to request a drug test of any potential applicant for membership.

Applicant's Signature: _____ Date: _____

I give Permission for _____ to become a junior member of JEB Stuart Rescue Squad. I understand that he/she will receive training and act in the same capacity as the adult members wherever State and Federal laws permit, except he/she will not be allowed to drive any squad vehicle, or be the attendant in charge on an emergency call.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Date received by officer: _____ Officer's Initials: _____

Initial Presentation Date: _____ Presented by: _____

Application reviewed by Membership Committee Date: _____

Members of committee on review: _____

Presented to Squad for approval for probationary membership date: _____

Application: (circle one) Approved Denied Reason for rejection

Probationary period to be served from _____to _____

Probationary membership completed: (circle One) Satisfactory Unsatisfactory
If unsatisfactory, state reason and step taken: _____
_____

Accepted into squad as a voting member: _____ Date: _____

dmvNow.com
www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

INFORMATION REQUEST

CRD 93 (07/01/2015)

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION

REQUESTER FULL NAME (last, first, mi, suffix)		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*
Allen, Steve F		54-6001496
ORGANIZATIONAL AFFILIATION (if any)	TELEPHONE NUMBER	USE AGREEMENT NUMBER (if applicable)
Patrick County Emergency Management	(276) 694-4940	
STREET ADDRESS		ACCESS CODE (if applicable)
PO Box 466 106 Rucker Street		
CITY	STATE / ZIP CODE	
Stuart	VA 24171	

REASON FOR REQUEST (be specific) (attach additional sheets if necessary)
To have all current volunteer members information up to date with no accidents, DUI or any other current violations with the DMV.

SUBJECT INFORMATION

If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).

SUBJECT FULL NAME (last, first, mi, suffix) ☐ CHECK TO INDICATE **SUBJECT NAME AND ADDRESS** IS THE SAME AS THE REQUESTER ABOVE.

STREET ADDRESS

CITY	STATE	ZIP CODE

INFORMATION REQUESTED

Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.

☒ **DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)**

SUBJECT DRIVER LICENSE NUMBER	or	SUBJECT BIRTH DATE (mm/dd/yyyy)

REASON FOR REQUEST (Check the applicable box) ☐ Personal Use, Court, or Attorney ☐ Employment, School, or Military ☐ Insurance

An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.

SUBJECT SIGNATURE	DATE (mm/dd/yyyy)

☐ **VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)**

VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR

☐ **POLICE CRASH REPORT**

IMPORTANT NOTE: The Department may only release a full crash report to a person involved in the crash, or their legal or personal representative, in accordance with Virginia Code § 46.2-380. Virginia Code § 46.2-379 permits the Department to release the name and addresses of the drivers, the owners of the vehicles involved, the injured persons, the witnesses, and one investigating officer to an individual authorized by federal or state law to obtain the information. You must supply the applicable federal or state statutory authority as part of your request.

Check one or more boxes to indicate your involvement in the crash:

☐ I was a DRIVER ☐ I was a PASSENGER ☐ I am a VEHICLE OWNER

☐ I am the OWNER of property involved in the crash ☐ I legally REPRESENT an involved person ☐ I was injured

☐ I am the parent or legal guardian of a minor injured or killed in the crash.

☐ I am the next of kin of a person 18 years of age or older who was injured or killed in the crash.

☐ I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which the person has applied for issuance or renewal of a policy of automobile insurance.

☐ I am applying in accordance with VA Code § 46.2-379. I was **NOT** involved in the crash **AND** I do not legally represent an involved person.

The applicable federal or state statutory authority for my request is: _____

CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)

CITY/COUNTY/TOWN WHERE CRASH OCCURRED	DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER

1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)