



# Membership Application

Dear Applicant,

Thank you for considering submitting an application to volunteer with the Charlottesville-Albemarle Rescue Squad (CARS). For your reference and convenience, a Checklist of Information, including application deadlines, procedures, and requirements, is included. However, we would like to add some other information here. There are two primary types of volunteers at CARS: active members that provide patient care and rescue services and associate-support members who do not provide patient care but instead provide important logistical and administrative support.

Volunteering as an EMT or Paramedic with the CARS is probably very different from any volunteering you have ever done. Volunteering as a patient care provider with CARS takes a significant amount of time, requires uncommon dedication, and can involve significant emotional stress. We urge you to consider your application very carefully.

Our behind-the-scenes administrative, fundraising, and support volunteers are key to furthering our crucial mission. The hard work of these individuals brings in needed funding, operates a busy administrative office, and supports the logistical needs of a complex organization. Volunteering opportunities for support members can be tailored to your interests, abilities, and schedule.

We recommend that you include a visit to our station and a ride-along as part of your consideration in joining CARS. We encourage you to meet our members, look at our medical and rescue equipment, and explore our fleet and facility. You can learn about the history and present operations of CARS online at [www.carsrescue.org](http://www.carsrescue.org).

Applications are considered active for 90 days from the date of their receipt by CARS. For us to act on your application, you must attend a meeting of the Membership Committee at our station. This committee meets at 1815 on the Monday prior to the first Tuesday of every month.

Please do not hesitate to e-mail if we can be of any assistance to you with your application. Thank you for your interest in the Charlottesville-Albemarle Rescue Squad. We look forward to receiving your application.

Sincerely,

Olivia Baumann  
Membership Committee  
[ohb6cw@virginia.edu](mailto:ohb6cw@virginia.edu)

## **What is the Charlottesville-Albemarle Rescue Squad's mission?**

The Articles of Incorporation of the Charlottesville-Albemarle Rescue Squad dated January 14, 1958, set forth the following statement of purpose:

*To save life and administer first aid, to teach methods of safety and first aid to the general public and in the schools; To serve in time of flood, fire, hurricane and famine; To render assistance in case of accident, casualty, and illness; To instruct its members in principles and applications of the live saving and first aid.*

Yes, 1958 is a long time ago, but the mission remains the same. **To help.**

## ***Why do we have a Rescue Squad? Where did the Rescue Squad come from?***

CARS is an all-volunteer organization serving the City of Charlottesville, the University of Virginia, and parts of Albemarle County. Prior to its establishment, sick or injured persons were transported by personal vehicle or one of the local funeral homes. With a budget of \$20,000, the founding members purchased two ambulances and enough equipment to stock those trucks and three personal vehicles. While on-duty, members kept an ambulance at their home or place of employment, responding to calls as needed. If necessary, the personal vehicles were used for transport. As the first organization in the community to provide pre-hospital care, the squad offered basic life support, vehicle extrication, and SCUBA rescue. The squad constructed the first section of the McIntire building (Rescue 1) in 1964 and added the south truck bays in 1975.

In 1980, the squad built a 2 bay substation on Berkmar Drive in the northern portion of the urban ring. In 2013, the substation was sold to Seminole Trail Volunteer Fire Department (Station 8), and in exchange has four live-in spots inside of Charlottesville Fire Department Station 10. This offers squad members the opportunity to live there in exchange for staffing an ambulance there or at McIntire in addition to their regular McIntire shift.

In 1971, the squad began providing mobile emergency coronary care with the assistance of Dr. Richard Crampton and the University of Virginia Medical Center. Dr. Crampton wrote and taught the Cardiac-EMT training course for our members. Members picked up resident physicians and nurses from the Emergency Department to respond in the ambulances to "heart calls." As time went by the nurse and resident were only picked up for cardiac arrests. In 1983, CARS began providing advanced cardiac life support (ACLS) without the on-scene supervision of hospital staff.

In the downstairs hallway, you will find two old framed newspaper articles that were written about the squad's "early days." **Read them.** The founders were extraordinary men and women that saw a problem and fixed it *themselves*. Many of the founders are still around and stop by to visit.

### ***Are there other squads?***

Yes. There are two other volunteer rescue squads in Albemarle County– Western-Albemarle Rescue Squad (Rescue 5) in Crozet and Scottsville Rescue Squad (Rescue 7) in Scottsville. Rescue 7 was formed in the 1960's and Rescue 5 next in the 1970's.

In 2001, Albemarle County Fire Rescue (ACFR) began staffing a medic unit 24/7 in the foothills of Monticello, the southeastern parts of the county (Station 11). In 2007, ACFR began staffing a medic unit serving the northern parts of the county and the greater Hollymead area (Station 12). Since then, ACFR has built a 24/7 substation at Seminole Trail (Station 8), a station in the Ivy neighborhood (Station 15), and substations at Pantops (Station 16) as well as Earlysville (Station 4). Before then CARS solely covered all those areas. CARS now covers those areas as 1st, 2nd, or 3rd due depending on staffing at those stations/call volumes in those areas.

### **What types of membership are available?**

Active-Medical: Active-Medical members provide direct patient care and rescue services. **They are required to serve a minimum of one duty shift per week on an assigned crew.**

Associate-Medical: Applicants for Associate-Medical must be full/released members with another transport EMS agency. **They are required to serve a minimum of twenty-four hours per month on any crew.**

Associate-Driver: **Applicants for Associate-Driver have no minimum requirement** and will be trained and certified to operate emergency vehicles with an approved preceptor.

Associate-Support: Associate-Support members may apply for membership based on their area(s) of interest. Available types include special operations teams (technical, water, and vehicle rescue), practitioner (MD, RN, etc), and administrative (office support, fundraising, vehicle maintenance, station upkeep, logistics and supply). Support members will find many opportunities tailored to their interests, abilities, qualifications, and schedule. Members will fulfill the training and participation requirements of their specific area. **They are required to participate as needed or required by their respective supervisor.**

## What does it take to be an applicant?

To be considered an applicant with CARS, **all of the following** must be submitted by 1800 on the Friday preceding the Membership Committee meeting you wish to attend (1815 on the Monday prior to the first Tuesday of every month):

- Completed and signed application with **three** references (*Incomplete applications will not be considered.*) Use persons for references that you have known at least one year. Do not use family members. You may use only one CARS member as a reference.
  - Signed Statement of Commitment
  - Current copy of your immunization record provided by Student Health for UVa students, Employee Health for UVa employees, or the Health Department
  - Completed and signed Communicable Disease Health History, Immunization Record, & Medical History
  - Photocopy of your driver's license and CPR card as well as your Virginia EMT-B certification and National Registry EMT-B certification if available at time of submission
  - Copies of any other current Fire/Rescue certifications you possess
  - Official copy of your driver's record from Virginia DMV and/or the state in which you are currently licensed (for Virginia, the process can be completed <http://www.dmv.state.vt.us>). If you have resided in Virginia for 12 months or less, please also include a copy of the driver's history from the state in which you were previously licensed.
  - Completed Letter to 103/104 (the schedule on the last page of this application)

## Please do not apply if--

- You are not at least 18 years old
- You have not *completed* an Emergency Medical Technician course
- You are unable to meet the time commitment required of members

## What is the typical membership process?

- Submission of a completed and signed application with all relevant documents (including individually sealed references) no later than the Friday prior to the first Tuesday of every month in a **sealed envelope**
  - Your application can be dropped off at our station or mailed to the mailing address below.
- Attendance at *the Applicant Orientation* at 1815 on the Monday prior to the first

- Tuesday of every month
- For 'Active-Medical' membership—
    - Complete a minimum of two months as a *Pre-Probationary Member*, the skills checklist, and submit satisfactory evaluations each month from your Crew Captain
    - Attendance at *the Membership Committee Meeting* following your second month for consideration of promotion to *Probationary Member* (*To be considered, you must submit a copy of your VA EMT-B and NREMT-B certifications as well as driver's record before then.*)
    - Upon approval, begin your six-month probationary member period. You will have to complete the skills checklist, receive satisfactory evaluations every two months from your crew captain/preceptor, and collect calls to be released as an attendant-in-charge (AIC).
    - After six months, and the Clinical Review and Training Committee (CRAT) has released you to be an AIC, you will be considered for *Full Membership*, allowing you to vote in elections and get training funds reimbursement among other benefits
  - For 'Associate-Medical', -Driver, and -Support, your process will be determined by the Membership Committee on a case-by-case basis.

### **Correspondence Address**

Charlottesville-Albemarle Rescue Squad  
RE: Membership Committee  
828 McIntire Road  
Charlottesville, VA 22902



Charlottesville-Albemarle Rescue Squad  
828 McIntire Rd  
Charlottesville, VA 22902

# Membership Application

Charlottesville-Albemarle Rescue Squad, Inc. does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

## 1. Personal Information

Full Name	Date of Birth
Local Address	
Permanent Address	
E-mail Address	Primary Phone Number (Indicate Home, Cell)

## 2. Emergency Contact Information

Full Name	Relationship to You
E-mail Address	Primary Phone Number (Indicate Home, Cell)

## 3.1 Education

High School Graduate? [ ] Yes [ ] No	If yes, _____ / _____ (month/year) If no, _____ (highest grade)	Diploma? [ ] Yes [ ] No GED? [ ] Yes [ ] No
Name & Location of high school (City, State)		
List any colleges, universities, or technical schools attended		
Name	City, State	Major Degree Type

## 3.2 Education Supplement (for current students only)

Name of School	Major	Concentration	Expected Date of Graduation
What are your post-graduation plans?		What are your summer plans?	

## 4. EMS Certification

EMT Certification? [ ] Yes [ ] No	Level	VA Certification Number	Expiration Date	NR Certification Number	Expiration Date
List any Fire/Rescue certifications or skills you currently possess					
Have you been an applicant or member of any Fire/Rescue agency? If yes, indicate name(s), location(s), & date(s) of application or membership					

### 5. Driving Record

<b>License?</b> [ ] Yes [ ] No	<b>State Number</b>	<b>Have your license been suspended or revoked?</b> [ ] Yes ( <i>Explain under Item 10</i> ) [ ] No
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A current copy of your driver's record from Virginia DMV and/or the state in which you are currently licensed with must be submitted to the Membership Committee. If you have resided in Virginia for 12 months or less, please also include a copy of the driver's history from the state in which you were previously licensed.

### 6. Criminal Background/History

<b>Have you ever been charged or convicted of a crime other than a minor traffic offense?</b> [ ] Yes ( <i>Explain under Item 10, Include Offense, Date, and Location</i> ) [ ] No
<b>Are you under indictment or do you have charges pending in any court for any crime?</b> [ ] Yes ( <i>Explain under Item 10, Include Offense, Date, and Location</i> ) [ ] No
<b>Are you subject restraining order you from harassing, stalking, or threatening an intimate partner or child of such partner?</b> [ ] Yes [ ] No
<b>Are you currently taking any medication that could impair your judgment in a stressful situation?</b> [ ] Yes [ ] No
<b>Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance?</b> [ ] Yes [ ] No

### 7. Employment History (Begin with most recent, Include military service)

<b>1. Employer &amp; Address</b>	<b>Date of Employment</b> From To	<b>Position</b>	<b>Supervisor</b>	<b>Telephone</b>
<b>Duties</b>		<b>Reason for Leaving</b>		
<b>2. Employer &amp; Address</b>	<b>Date of Employment</b> From To	<b>Position</b>	<b>Supervisor</b>	<b>Telephone</b>
<b>Duties</b>		<b>Reason for Leaving</b>		
<b>3. Employer &amp; Address</b>	<b>Date of Employment</b> From To	<b>Position</b>	<b>Supervisor</b>	<b>Telephone</b>
<b>Duties</b>		<b>Reason for Leaving</b>		
Use Item 10 to describe additional work experience(s) and/or explain any gaps in work history.				
<b>Have you ever been discharged, resigned from a job (including a volunteer Fire/Rescue agency), or asked to resign to avoid termination?</b> [ ] Yes ( <i>Explain under Item 10</i> ) [ ] No				

### 8. References

<b>Name</b>	<b>Address (Street, City, State, Zip Code)</b>	<b>Phone Number</b>	<b>Occupation</b>	<b>Relationship</b>
1.				
2.				
3.				

Use persons for references that you have known at least one year. Do not use family members. You may use only one CARS member as a reference.



9. Short Essay (less than 300 words)

Indicate why you wish to join the Rescue Squad

10. Use the following space to answer questions in previous sections of the application

Section #	Statement

I am applying for  Active-Medical  Associate-Medical  Associate-Driver  Associate-Support, \_\_\_\_\_(specify)

11. Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Charlottesville-Albemarle Rescue Squad, Inc., and its Officers to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers and past employers, and current or former fire and rescue agencies, and to rely on and use such information as they see fit. I hereby release the Charlottesville-Albemarle Rescue Squad, Inc., its Officers, Directors, and assigns from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of the Charlottesville-Albemarle Rescue Squad, Inc.

I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of time of discovery, shall be considered sufficient basis for dismissal.

I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of the Squad. I further understand, however, that neither the policies, rules, regulations of membership nor anything said during the application and interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and is at-will and that either I or the Squad may terminate my membership at any time with or without notice or cause.

I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by the Membership Committee, Clinical Review and Training Committee, and/or the Board of Directors.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**This application is valid for 90 days from the date received.  
If not acted upon within 90 days you must submit an updated application.**



## Statement of Commitment

Charlottesville-Albemarle Rescue Squad  
828 McIntire Rd  
Charlottesville, VA 22902

As a full member of Charlottesville-Albemarle Rescue Squad, Inc., I \_\_\_\_\_  
(*print full name here*) hereby make a commitment to:

- Give a minimum of one duty shift (at least 12 hours) per week on a crew assigned by the agency (This includes weekends, holidays, and summers that the crew is responsible for providing coverage)
- Commit to a minimum of 24 months / 2 years of continuous service
- Attend monthly business meeting as scheduled
- Attend training sessions as scheduled

Furthermore, as a full member, I understand that I am a part of the staff of Charlottesville-Albemarle Rescue Squad, Inc., and I can be asked to resign or be dismissed from the Squad for any of the following reasons:

- Failure to comply with the by-laws of the corporation
- Failure to comply with the policies and procedures of the corporation
- Failure to maintain the minimum required certification/complete the required training programs
  - Emergency Medical Technician (EMT)
  - Cardiopulmonary Resuscitation (CPR)
  - Others required by the corporation
- Failure to give the minimum time per month (approximately 48 hours)
- Failure to maintain patient and Squad confidentiality
- Failure to abide by the directions of the officers of the corporation
- Failure to act ethically (or, for unethical behaviors)

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



# Communicable Disease Health History, Immunization Record, and Medical History

Charlottesville-Albemarle Rescue Squad  
828 McIntire Rd  
Charlottesville, VA 22902

<u>Disease</u>	<u>Date of Illness</u>
Measles (Rubeola)	
Measles (Rubella)	
Mumps	
Varicella	
Hepatitis	Type
Tuberculosis	Type
Meningitis	Type
Malaria	Type
HIV/AIDS	

<u>Immunization/Vaccine</u>	<u>Date of Administration</u>		
Hepatitis B	1.	2.	3.
Antibody Titer	Result		
MMR			
Tuberculosis Skin Test		Result	
Chest XR (if applicable)		Result	
Tetanus/Diphtheria			
Varicella			
Influenza Vaccine			
H1N1 Vaccine			

Allergies (Include Food, Medications, and Latex)

Routine Medications

Medical Conditions

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**The information on this page is confidential.  
Please seal in a sealed envelope separate from your application.**





# Reference for Applicant

Charlottesville-Albemarle Rescue Squad  
 828 McIntire Rd  
 Charlottesville, VA 22902

I. \_\_\_\_\_ **has applied for membership to the Charlottesville-Albemarle Rescue Squad and has given your name as a reference. References are required, but *your response is voluntary.*** If you choose to act as a reference, the information you provide may be relied upon by the Rescue Squad, its Officers, and its Board of Directors in making a determination on the prospective member's application. Your full and candid response is appreciated. Ideally, this form should be returned directly to C-ARS in a stamped enveloped provided by the applicant.

II. **Charlottesville-Albemarle Rescue Squad, Inc. is an all-volunteer organization, which provides emergency medical services and patient transportation, and specialized rescue services to the City of Charlottesville, the University of Virginia, and parts of Albemarle County.** Members must be of good moral character, reliable, trustworthy, and able to perform work as part of a team within a command structure under stressful emergencies and sometimes-hazardous conditions.

Part I. (To be completed by applicant)

Full Name	E-mail Address
Local Address	
<i>I hereby authorize the below reference to provide the requested background and personal information to the Charlottesville-Albemarle Rescue Squad, Inc., its Officers, and its Board of Directors.</i>	
Signature	Date
<i>I further ( do / do not) waive any right I may have to review the reference.</i>	
Signature	Date

Part II. (To be completed by reference)

Full Name	Occupation
E-mail Address	Primary Phone Number (Indicate Home, Cell)
Signature	Date
How long have you known the applicant and in what capacity (i.e., personal, business, other)?	
How frequently do you have contact with the applicant?	
Do you know other persons who are acquainted with the applicant?	

Please rate the candidate to the best of your abilities:

<b>Unable to Judge</b>		<b>1 (lowest)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 (highest)</b>
	<b>Integrity</b>					
	<b>Intellectual Curiosity</b>					
	<b>Motivation/Initiative</b>					
	<b>Self-Confidence</b>					
	<b>Respect for Community</b>					
	<b>Warmth of Personality</b>					
	<b>Leadership</b>					
	<b>Reliability</b>					
	<b>Trustworthiness</b>					
	<b>Interpersonal Skills</b>					
	<b>Ability to Maintain Confidential Information</b>					
	<b>Ability to Maintain Calm under Stress</b>					
	<b>Reaction to Criticism</b>					

Please respond to the following as they apply to the applicant:

Rescue Squad members have access to personal information about patients and their property often when the patient is in extremis. Do you have any concerns about the applicant's ability to maintain confidentiality of patient information or to protect the privacy and property rights of the patients? If so, explain.

Rescue Squad members must operate in a calm and efficient manner under great stress. Please describe the applicant's reaction to a stressful situation that you have witnessed.

Rescue Squad members must continually improve their skills and receive feedback on handling of emergency calls. Please describe the applicant's ability to respond to constructive criticism.

Would you entrust the applicant with the welfare of a sick or injured member of your family? If not, explain.

Do you wish to elaborate on any of the ratings above?

Please use the space for additional comments you feel pertinent concerning this applicant's ability, character, and suitability for membership at C-ARS. (For example, alcohol or drug abuse, psychical or psychological impediments, incidents of violence or aggression toward coworkers, supervisors, family, etc., special abilities, ability to adhere to schedule, etc.) **We will be pleased to receive an attached letter if you wish.**

**Thank you for your time.**

**We sincerely appreciate your assistance in our membership process.**



# Reference for Applicant

Charlottesville-Albemarle Rescue Squad  
 828 McIntire Rd  
 Charlottesville, VA 22902

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Part II. (To be completed by reference)

Full Name	Occupation
E-mail Address	Primary Phone Number (Indicate Home, Cell)
Signature	Date
How long have you known the applicant and in what capacity (i.e., personal, business, other)?	
How frequently do you have contact with the applicant?	
Do you know other persons who are acquainted with the applicant?	

Please rate the candidate to the best of your abilities:

<b>Unable to Judge</b>		<b>1 (lowest)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 (highest)</b>
	<b>Integrity</b>					
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	<b>Reaction to Criticism</b>					

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Rescue Squad members must operate in a calm and efficient manner under great stress. Please describe the applicant's reaction to a stressful situation that you have witnessed.

Rescue Squad members must continually improve their skills and receive feedback on handling of emergency calls. Please describe the applicant's ability to respond to constructive criticism.

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Do you wish to elaborate on any of the ratings above?

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E-mail Address	Primary Phone Number (Indicate Home, Cell)
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<b>Ability to Maintain Calm under Stress</b>					
<b>Reaction to Criticism</b>					

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## Letter from Deputy Chiefs – Nights (R-104 and R-105) and Deputy Chief – Days (R-104)

Charlottesville-Albemarle Rescue Squad  
 828 McIntire Rd  
 Charlottesville, VA 22902

New Applicant,

Welcome to CARS! Thank you for volunteering your time to serve our community. To get you started on your first observation shift we would like to know more about your schedule. After receipt of this form, you will be matched with a crew and your crew assignment will be emailed to you. You will be expected to be present for the full shift on each of your assigned shifts.

Please fill out your schedule on the following page accordingly. **Please block out time for work, school, and other pre-planned commitments.** We know that occasional conflicts will occur with your scheduled shift. You will be expected to find a substitute for these shifts, but our goal is to find a shift that best matches your schedule and staffing needs. Please let us know if you have any questions.

Explanation of Duty Schedules for each of the Crews:

- Monday - Friday Day (0630-1730), Sunday Day (0800-1730), Sunday Night (1730-0630) crews meet each and every week on their scheduled day.
- Monday – Thursday Night (1730-0630) as well as Friday Night (1730-0800) crews meet for five consecutive weeks on their scheduled night and on the 6th week, they will have a 24 hour Saturday (0800-0800) shift in place of their normal shift.
- Rotating crew meets on the nights that the scheduled crew has a Saturday shift that week and on the 6th week, it has its Saturday shift.

Please see below for an alternative explanation of how rotating and night crews' schedules operate.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Week 1</b>					Rotating	Friday Night
<b>Week 2</b>				Rotating		Thursday Night
<b>Week 3</b>			Rotating			Wednesday Night
<b>Week 4</b>		Rotating				Tuesday Night
<b>Week 5</b>	Rotating					Monday Night
<b>Week 6</b>						Rotating

Sincerely,

Deputy Chief – Nights, R-104 & R-105  
 Deputy Chief – Days, R-103

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0100							
0200							
0300							
0400							
0500							
0600							
0700							
0800							
0900							
1000							
1100							
1200							
1300							
1400							
1500							
1600							
1700							
1800							
1900							
2000							
2100							
2200							
2300							
0000							

To help us introduce you to the rest of the rescue squad, we'd like a few tidbits of information from you.

**Hometown:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

(If student, where and what is your major or presumed major?)

**What extracurricular activities are you involved in? Tell us a little about them.**

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**What do you enjoy doing in your free time?**

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**Is there anything you want us to know about you?**

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