

# Geneva Volunteer Rescue Squad APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_ Which of the follow can you be available? \_\_\_ Days \_\_\_ Nights \_\_\_ Both

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Valid Nebraska Driver's License # \_\_\_\_\_

## EMPLOYMENT

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address \_\_\_\_\_ Position: \_\_\_\_\_

May we contact your current employer for a reference? Yes / No

## EDUCATION

Please circle the last level completed:

High School or GED .....	9	10	11	12
College .....	1	2	3	4
Graduate / Technical .....	1	2	3	4

## EXPERIENCE

Please list any previous EMS experience and/or certification you may have. Please attach copies of any certifications.

Please list any prior volunteer experience you may have.

Please list any special training, skills, or abilities.

Please list any disabilities or handicaps that would affect your performance in certain situations.

Briefly describe your reasons for wanting to become a member of the Geneva Rescue Squad.

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## REFERENCES

Please provide the following information for three people (not related to you) who can attest to your character and qualifications and give each of them an attached Application Reference Form. References must be at least 18 years of age and one must be a co-worker (if applicable).

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ How does he/she know you? \_\_\_\_\_
  
  2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ How does he/she know you? \_\_\_\_\_
  
  3. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ How does he/she know you? \_\_\_\_\_
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## ACCEPTANCE AGREEMENT

I hereby affirm that all of the information provided on this application is true and correct. I authorize the Geneva Volunteer Rescue Squad to contact my references to verify information, discuss my background, past performance, and suitability for EMS. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me. I also understand that Geneva Rescue Squad will check to determine if there is a history of past abuse of anyone.

As a member of the Geneva Volunteer Rescue Squad, I understand that it is a very rewarding commitment that takes dedication and must be taken seriously. I also understand for this reason, a six-month probationary period in which I will be evaluated will take place. During this time, I promise to follow the call schedule by responding when I am called to duty, notify the team when I am not able to respond, attend necessary meetings and become either EMT-B or First Responder certified.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of your valid Nebraska Driver's License and return to any rescue squad member or the City Office.

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### Squad Use Only

Date of first reading \_\_\_\_\_ Date of second reading \_\_\_\_\_

# Geneva Volunteer Rescue Squad APPLICATION REFERENCE FORM

\_\_\_\_\_ has applied for membership with the Geneva Volunteer Rescue Squad and has provided you as a reference. Please complete the following and return this form as soon as possible to the address listed below.

How long have you known the applicant? \_\_\_\_\_

Is your knowledge based on: \_\_\_\_\_ Personal \_\_\_\_\_ Business

Please comment on the following as they apply to the applicant:

Trustworthy.... Excellent / Good / Fair / Poor.....Explain: \_\_\_\_\_

Dedication..... Excellent / Good / Fair / Poor.....Explain: \_\_\_\_\_

Reliable..... Excellent / Good / Fair / Poor.....Explain: \_\_\_\_\_

Punctual..... Excellent / Good / Fair / Poor.....Explain: \_\_\_\_\_

Attitude..... Excellent / Good / Fair / Poor.....Explain: \_\_\_\_\_

Integrity..... Excellent / Good / Fair / Poor.....Explain: \_\_\_\_\_

Please comment on how you feel the applicant would perform as a rescue squad member: \_\_\_\_\_

How well does the applicant work with others? \_\_\_\_\_

Additional comments: \_\_\_\_\_

Your Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Thank you for your time and attention on this applicant's behalf.

Please return this form to:

Geneva Volunteer Rescue Squad  
Attention: Rescue Squad Captain  
PO BOX 51  
Geneva, NE 68361

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