



"We'll be there!"

Knoxville Volunteer Emergency Rescue Squad,

512 N. Chillhowee Drive
Knoxville, TN 37924
865-546-4852

Application Information and Checklist **Applicants to KVERS must.....**

- Submit a fully completed and signed application. A completed application includes all supporting materials listed below. **Incomplete applications will not be considered.**
- Sign the volunteer service commitment when applying for membership.
- Instruct your references to complete and return the reference form directly to us. We need these forms within 10 days.
- Provide a **photo copy** of your driver's license and complete the driver's license background check form. The background check is conducted by our insurance company. Form is attached.
- Provide a current copy of your immunization record. You may provide a copy of a current listing, or use the form attached.
- Submit the attached medical form to be completed by a physician.
- Present a photocopy of any EMS certifications, CPR card, FEMA ICS courses, and any other current fire/rescue/EMS or relevant certifications you possess.
- Submit your application via U.S. Mail or to the Prospective Member mailbox in a sealed envelope at headquarters.
- Complete the attached Criminal Background check form.
- You have a strong and passionate desire to provide professional, compassionate, and skilled services to our community.

Please do not apply if.....

- You are not interested in becoming certified to at least a Nationally Registered First Responder. (*Not applicable to some special services members or administrative support positions*)
- You are unable to meet the time commitment.
- You are not at least 18 years old and out of high school.
- You are not immediately available to begin the orientation and membership process.



Knoxville Volunteer Emergency Rescue Squad, Inc.
512 N. Chalkhovee Drive
Knoxville TN 37902
955-617-1220

Typical Membership Process

- ↓ Submit a fully completed application.
- ↓ As your references to complete and return the reference forms **directly to us within 10 days.**
- ↓ Attend an applicant orientation.

Shift qualified applicants.....

- ↓ Will attend and complete a KVERS recruit academy that will include, but not be limited to training in, emergency driving, vehicle extrication, CPR, First Responder (if not currently medically certified), FEMA Incident Command, blood born pathogens, communications, and patient documentation.
- ↓ Upon completion of the academy, you will begin a six-month probationary period. You will be assigned to a fixed officer, required to complete skill checklists, and receive evaluations every two months from your officer. Additionally, during your probationary period, you will be attached to the Support Team and will be required to attend a minimum of 2 meetings and respond or participate in at least 4 calls/functions.

Special Services or Administrative Support Services applicants.....

- ↓ Attend a special services team meeting specific to the team you are interested in. (Cave/Vertical, Heavy/Trench/Collapse, Support, Disaster Medical, Search, Water/Dive) Those interested in Administrative Support Services will interview with the Executive Director and Administrative/Financial Assistant.
- ↓ Team officers and members will evaluate if the applicant's current skills are a match to their team and will conduct a vote. If you are a match, and your application process is complete, you will be assigned a RS number for identification and your officers will create a training and meeting schedule for you. If you do not match at the current time, the membership committee will help you identify another area of interest within the organization.



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Application for Membership

The Knoxville Volunteer Emergency 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.

I am applying as:

[] Shift Qualified Member

[] Special Services Member

Select only one:

- [] Administrative Support
[] Cave/Vertical
[] Disaster/Medical
[] Heavy/Trench/Collapse
[] Search
[] Support
[] Water/Dive

Personal Data

Legal Name: _____ Prefer to be called: _____

Permanent home address: _____

LOCAL address if different: _____

Home phone: _____ Cell phone: _____

e-mail address: _____ Are you 18 years of age? _____

Medical Certifications

Type of Medical Certification held: _____ Expiration: _____

Tennessee Certification Number: _____ National Registry Number: _____

Professional memberships: _____

Please list any EMT/Rescue related skills, certifications, or professional experience that you have:

Have you ever been an applicant to or a member of any other Fire/Rescue Agency? ____ Yes ____ No

If so, where and dates of application or membership: _____



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Record of Conviction

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

List any criminal charges that have been brought against you, except those that have resulted in a finding of not guilty or a complaint dismissal. (Please use back of sheet if necessary) A conviction will not necessarily automatically disqualify you for membership. The background check will be reviewed by the KVERS Board Safety Chairman.

Educational Data

High School: years completed (circle one) 1 2 3 4 Diploma: Yes No GED: Yes No

School: City/State

University/Vocational School: Years completed (circle one) 1 2 3 4 Degrees earned:

School: City/State Major:

Other training or degrees:

Employment Information (list last employer first, including military service)

Dates of employment: From: To: Position:

Employer: Department:

Address: Telephone:

Supervisor: Weekly hours: Full time or part time?

Duties:

Reason for leaving:

Dates of employment: From: To: Position:

Employer: Department:

Address: Telephone:

Supervisor: Weekly hours: Full time or part time?

Duties:

Reason for leaving:

Dates of employment: From: To: Position:

Employer: Department:

Address: Telephone:

Supervisor: Weekly hours: Full time or part time?

Duties:

Reason for leaving:



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REFERENCES

Please list those to whom you have given reference forms. Please do not include more than one reference that is a KVERS member, or references from persons that have known you less than one year.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____



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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 Knoxville Volunteer Emergency 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 Knoxville Volunteer Emergency 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 Knoxville Volunteer Emergency 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, chain of command, 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, Medical Committee Review and Training Committee, and/or the Board of Directors and Executive Director. I also understand that if I am arrested during my membership that information of such arrest will be immediately reported to the Executive Director and subject to review by the Board Safety Committee.

Printed name of applicant: _____

Signature of applicant: _____

Date: _____

This application is valid for 120 days from the date received. If not acted upon within 120 days you must submit an updated application.



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APPLICATION REFERENCE FOR _____
Printed Applicant's Full Name

INTRODUCTION: The above named applicant has applied to volunteer with the Knoxville Volunteer Emergency Rescue Squad, Inc. As the busiest all-volunteer Rescue Squad in the area, KVERS provides first out rescue response, emergency medical services, and specialized rescue services to Knox County, Knoxville, TN, and specialized rescue and mutual aid in Knoxville City. Members must be of impeccable moral character, reliable, trustworthy, and able to function as part of a team. They must be able to work within the command structure of the organization and under stressful and sometimes hazardous conditions.

YOU ARE NOT REQUIRED TO BE A REFERENCE. 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. **This form should be returned directly to KVERS.**

TO THE APPLICANT: Please complete Part I of this form and then give it to someone who knows you well and can provide an accurate and full account of your abilities, accomplishments, and personal qualities. Please provide the recommender with this form and a stamped envelope addressed to: Knoxville Volunteer Emergency Rescue Squad, Inc., ATTN: Membership Reference, 512 N. Chilhowee Drive, Knoxville, TN 37924.

Part I (to be completed by applicant)

Name: _____

Address: _____

I hereby authorize the below reference to provide the requested background and personal information to the Knoxville Volunteer Emergency Rescue Squad, Inc., its Officers, Executive Director, and its Board of Directors. I acknowledge that this completed reference is the property of the Knoxville Volunteer Emergency Rescue Squad, Inc. and I have no right to see the completed reference or any other part of my application or prospective membership file.

Signature of applicant _____ Date _____

Part II (to be completed by the reference)

Name: _____ Occupation: _____

Address: _____

How long and in what capacity have you known the applicant? _____

How frequently do you have contact with the applicant? _____



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Please complete these ratings, bearing in mind that they are used to compare this applicant to other highly capable applicants:

Unable to Judge		Below Average	Average	Good	Outstanding	One of the Best Encountered in my career
	Integrity					
	Intellectual Curiosity					
	Motivation/Initiative					
	Self-Confidence					
	Community Respect					
	Warmth of Personality					
	Leadership					
	Reliability					
	Trustworthiness					
	Interpersonal Skills					
	Ability to Maintain Confidential Information					
	Ability to Maintain Calm Under Stress					
	Reaction to Criticism					

Do you wish to elaborate on any of these ratings? _____

Please offer any additional comments concerning this applicant's ability, character, and suitability for membership in the Knoxville Volunteer Emergency Rescue Squad, Inc. (For example, alcohol or drug concerns, psychological instability concerns, incidents of violence or aggression towards coworkers, supervisors, family, etc.) We will be pleased to receive an attached letter if you wish. We sincerely appreciate your assistance in our membership process. You are helping us ensure our community that when needed, "We'll be there!"



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Medical Statement for Rescue Squad/EMS Personnel
Confidential

Applicant name:
Address:
City/State: Zip:
Telephone:

Authorization for Release of Information:

I, _____, authorize the release of any medical information by the examiner necessary for qualifications by the Knoxville Volunteer Emergency Rescue Squad, Inc. or for determination of qualification of eligibility by the Division of Emergency Medical Services.

Signature of Applicant Date

Dear Physician: A person who wishes to qualify to perform pre-hospital emergency patient care and rescue as a member of the Knoxville Volunteer Emergency Rescue Squad must present evidence of a medical examination certifying physical health sufficient to conduct activities related to our services. Activities include, but are not limited to the following: Patient care and rescue, including visual acuity, speech, and hearing, use of all extremities. Absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the rescue, care, and lifting of the ill or injured. Members also must be able to operate equipment including hydraulic cutting tools, reciprocating saws, hand tools, and operate/drive emergency vehicles.

Guidelines for the physician:

Cardiovascular: evaluation should include heart rate, BP, and the absence of pulmonary and/or circulatory deficiencies that may impose undue risk.

Vision: 20/20 corrected vision and red/green color discrimination.

Hearing: auditory perception of verbal speech, capability of auscultation, and vital signs.

Speech: ability to conduct a medically phrased conversation via a two-way radio and no impediments that would interfere with the ability to communicate with a patient.

Musculoskeletal: absence of defects or conditions that would impair the extrication, lifting, moving, and care of patients. Typical activities would involve a two-person lift of a two hundred pound patient.

PHYSICIAN AUTHORIZATION:

I have determined that the a forenamed applicant

Does

Does not

Demonstrate physical health sufficient to perform as a provider of rescue and emergency services as established by medical history and physical examination.

Signature of examiner date

Printed name and address of examiner:

Phone:



KNOXVILLE VOLUNTEER EMERGENCY RESCUE SQUAD

INCORPORATED

512 Chilhowee Drive
Knoxville, Tennessee 37924

Shift Qualified Membership Volunteer Service Commitment

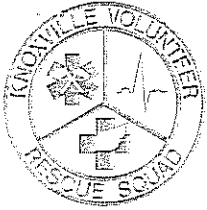
I, _____, on my honor, hereby commit to:
(Print full name here)

- ☆ Provide volunteer service a minimum of one duty shift (at least 12 hours) per week (including holidays and inclement weather) on a crew assigned by the agency.
- ☆ Provide a minimum of 18 consecutive months of services.
- ☆ Reimburse the organization the cost of all certification fees completed if unable to full-fill the duties of a shift qualified member.
- ☆ Will respect the officers of the organization and will follow a chain of command.
- ☆ Attend General Membership Meetings and continuing education meetings.
- ☆ Maintain current certifications and attend all required training.
- ☆ Comply with the by-laws and operating guidelines, squad policies and procedures, and the direction of the Officers and Board of Directors.
- ☆ Maintain patient confidentiality.
- ☆ Will protect and maintain all issued squad property, including uniforms, pagers, or any other issued equipment. Will reimburse Squad if equipment becomes lost or damaged (other than normal wear). Will return issued equipment within 5 business days if unable to full-fill the duties of membership.

I understand membership in the Knoxville Volunteer Emergency Rescue Squad, Inc. is at-will and may be terminated at any time with or without cause by the Personnel Committee.

Signature of Applicant

Date



KNOXVILLE VOLUNTEER EMERGENCY RESCUE SQUAD

INCORPORATED

512 Chilhowee Drive
Knoxville, Tennessee 37924

Special Services Membership Volunteer Service Commitment

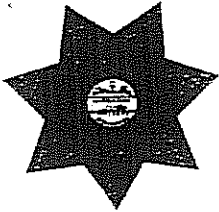
I, _____, on my honor, hereby commit to:
(Print full name here)

- ☆ Provide volunteer service on an assigned team by the agency.
- ☆ Provide a minimum of 18 consecutive months of services.
- ☆ Reimburse the organization the cost of all certification fees completed if unable to full-fill the duties of a special services member.
- ☆ Will respect the officers of the organization and will follow a chain of command.
- ☆ Attend General Membership Meetings, Team Meetings and continuing education meetings.
- ☆ Maintain current certifications and attend all required training.
- ☆ Comply with the by-laws and operating guidelines, squad policies and procedures, and the direction of the Officers and Board of Directors.
- ☆ Maintain patient confidentiality.
- ☆ Will protect and maintain all issued squad property, including uniforms, pagers, or any other issued equipment. Will reimburse Squad if equipment becomes lost or damaged (other than normal wear). Will return issued equipment within 5 business days if unable to full-fill the duties of membership.

I understand membership in the Knoxville Volunteer Emergency Rescue Squad, Inc. is at-will and may be terminated at any time with or without cause by the Personnel Committee.

Signature of Applicant

Date



KNOX COUNTY SHERIFF'S OFFICE

Jimmy "J.J." Jones
Sheriff

RELEASE OF ARREST RECORD

Person/Business Requesting Background Check Knoxville Volunteer Emergency Rescue Squad, Inc
Phone Number 546-4852

Name _____
Last First MI Maiden

Other names used _____ Sex _____ Race _____

Address _____
Street/Road # Apt # City/State/Zip

Date of Birth _____ SSN _____ Drivers License # _____

Signature of person releasing arrest record

If you cannot personally appear to have the background check completed, your signature must be notarized.

Notarization

State of Tennessee, County of _____ Personally appeared before me,
_____, with whom I am personally acquainted, and who acknowledged
that he/she executed the within instrument for the purposes therein contained.
Sworn to and subscribed before me this _____ day of _____, 20_____.

My commission expires _____

Notary Public

(DO NOT WRITE BELOW THIS LINE - KNOX COUNTY SHERIFF'S OFFICE USE ONLY)

Inquiry Results

Record Found _____ No Record Found _____ Local Warrants _____

Computer generated Arrest History Attached with _____ charges listed on _____ pages.

Record Checked by: _____ Date _____

Knox County Sheriff's Office raised seal must be present for record to be valid



Knoxville Volunteer Emergency Rescue Squad, Inc.

Drivers License/Records Check Waiver

Whereas the Knoxville Volunteer Emergency Rescue Squad, Inc. and its designees need to verify the status of my Tennessee driving privileges on a yearly basis, I hereby give the Knoxville Volunteer Emergency Rescue Squad, Inc. and its designees, including but not limited to insurance companies, permission to periodically contact federal, state, and local agencies as necessary to verify the status of my drivers license and driving records.

Date of Birth: _____/_____/_____

Driver's License Number: _____

Name: _____
Print or type

Signature: _____

Date: _____/_____/20____

Please include a copy of your current License