

APPLICANT'S ACKNOWLEDGMENT STATEMENT

Please initial by each paragraph and sign and date at the bottom.

1. ☐ I UNDERSTAND I MUST BE PRESENT AT EITHER THE BUSINESS MEETING AT WHICH MY APPLICATION WILL BE READ OR THE BUSINESS MEETING WHERE MY APPLICATION WILL BE VOTED ON.
2. ☐ THE VIRGINIA RULES AND REGULATIONS GOVERNING EMERGENCY MEDICAL SERVICES PROVIDE THAT EMS PERSONNEL:

** HAVE NEVER BEEN CONVICTED OF A FELONY INVOLVING ANY SEXUAL CRIME.

** NOT BE CONVICTED OF ANY OTHER ACT, WHICH IS A FELONY UNDER THE LAWS OF THIS STATE OR OF THE UNITED STATES, EXCEPT THAT SUCH FELON IS ELIGIBLE FOR CERTIFICATION IF WITHIN FIVE (5) YEARS AFTER THE DATE OF FINAL RELEASE NO ADDITIONAL FELONIES HAVE BEEN COMMITTED.

ACCORDINGLY, I UNDERSTAND THAT THE STAFFORD VOLUNTEER RESCUE SQUAD REQUIRES ME TO OBTAIN A CRIMINAL RECORDS CHECK ON MYSELF FROM THE STAFFORD COUNTY SHERIFFS DEPARTMENT AND SUBMIT SAME WITH THIS APPLICATION.

3. ☐ I UNDERSTAND THAT I WILL BE REQUIRED TO HAVE AND MAINTAIN STANDARD IMMUNIZATION REQUIRED FOR PRE-HOSPITAL CARE PROVIDERS.
4. ☐ ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OF ANY DATA HEREIN IS GROUNDS FOR REMOVAL OF MEMBERSHIP OR MEMBERSHIP CONSIDERATION.

(Signature of applicant and date)

ADDITIONAL FOR NON-ADULT SQUAD APPLICANTS ONLY

I understand the duties and requirements and give approval for my son/daughter
_____ to participate as a Squad Member in the

(NAME)

Stafford Volunteer Rescue Squad. I understand I may withdraw my approval at any time.

(Signature of Parent or Guardian and date)