

Lake Anna Rescue, Inc.  
PO Box 101  
Bumpass, VA 23024

Phone: 540-872-5274

Website: www.lari.org

*"Thank you for volunteering to be a hero in your community."*

**LARI MEMBERSHIP APPLICATION**

**INSTRUCTIONS**

In addition to this form, all applicants please complete Section III of the "Virginia State Police" form. Operational applicants (Administrative applications optional if considering Operational in the future) please complete Subject's Personal Information and Subject's Driving Information sections of the DMV "Information Request" form. When completed, mail your completed forms to the attention of the membership committee at the address above. If there are specific questions, please leave a call back request from the membership committee at the phone number above.

Your application will be read to the membership by the membership Committee and the members will vote on whether to award you a LARI membership. This will occur within on month following receipt of your application. A Background Investigation will be performed and your driving record will be analyzed as needed. Your membership may be cancelled if either reveals an unsatisfactory record. Please print all information clearly.

**PERSONAL**

Check the type of membership you are seeking: Operational \_\_\_\_\_ Administrative \_\_\_\_\_ or Junior \_\_\_\_\_

When are you available to run rescue? Day \_\_\_ Night \_\_\_ Weekends \_\_\_ Weekdays \_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital status: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Previous address if you lived at address above for less than 5 years: \_\_\_\_\_

Do you have a valid driver's license from any state other than Virginia? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" list state and Driver's License Number \_\_\_\_\_

List dates and circumstances of all automobile accidents, which you have been involved in as a driver:

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**EMERGENCY CONTACT**

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship of Emergency Contact: \_\_\_\_\_

**EMPLOYMENT**

Your present employer: \_\_\_\_\_

Work address: \_\_\_\_\_

Occupation: \_\_\_\_\_ How long: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Occupations: \_\_\_\_\_

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

Immediate supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

If student, give status: \_\_\_\_\_

**RESCUE EXPERIENCE**

Have you ever been or are you now a member of another rescue squad? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of squad: \_\_\_\_\_ Phone: \_\_\_\_\_

List any previous training or experience related to emergency medical services:

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Do you hold any of the following certifications that are current? (Please attach a copy.)

CPR	_____	EVOC	_____
EMT-B	_____	EMT-ST/E	_____
EMT-J	_____	EMT-C/I	_____
EMT-I	_____	EMT-P	_____

Related experience: \_\_\_\_\_

**PERSONAL HISTORY**

Have you been charged with a felony during the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony during the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

THE USE OF ANY ILLEGAL DRUG IS PROHIBITED AND SUBJECTS A SQUAD MEMBER TO IMMEDIATE TERMINATION. THE USE OF ALCOHOL OR ABUSIVE USE OF PRESCRIPTION OR NON-PRESCRIPTION DRUGS DURING SQUAD DUTY, WILL SUBJECT A MEMBER TO IMMEDIATE SUSPENSION PENDING INVESTIGATION, AND POSSIBLE TERMINATION AT THE DISCRETION OF THE BOARD OF DIRECTORS.

Do you use habit-forming drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you use alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of your last physical: \_\_\_/\_\_\_/\_\_\_ Doctor's name: \_\_\_\_\_

Do you now have or have you had any physical or mental disability or other condition, which could impact your performance during rescue? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

List 3 references other than relatives or employers:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I hereby certify that all of the above information is correct to the best of my knowledge. I understand that providing false information in this application may disqualify me for a LARI membership. I further acknowledge that if I am awarded a LARI membership I shall undergo a probationary period, as established by LARI By-Laws and further acknowledge that I will abide by all LARI By-Laws, Standard Operating Guidelines (SOG)'s, rules, and regulations.

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Signature of Applicant

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Date of signature