



RVRS Membership Application

Name: _____
Home Phone: _____ Cell Phone: _____
E-mail address: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____

List all certifications and any prior ambulance experience. Please include the company name, your duties, responsibilities and the dates of service: _____

Current schedule of availability: _____

Have you ever been convicted of any crime other than a traffic violation? If yes, explain.

Is there anything that may inhibit, or prohibit you from performing Emergency Care duties? If yes, explain. _____

Person to be notified in emergencies:
Name: _____ Phone: _____

Please provide two personal references, not related to you:

1. Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____ Phone #: _____
2. Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____ Phone #: _____

Thank you for applying. Please email your application to info@ridgevrs.org or send to
Ridge Volunteer Rescue Squad
P.O. Box 456
Ridge, MD 20680