



Purcellville Volunteer Rescue Squad, INC.

Post Office Box 38 - 500 North Maple Ave.
Purcellville, Virginia 20134
Phone: (540) 338-4706

MEMBERSHIP APPLICATION

The information contained within this application is required for the application process with Purcellville Volunteer Rescue Squad. PVRs will submit for a criminal background check and driver history check on all applicants. This information will be kept confidential.

Full Legal Name: _____ Date: _____

Do you use a nickname, abbreviated name or any name other than your legal first name? If so, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Date of Birth: _____

Please list phone numbers in the order you would like us to use when contacting you, specifying which type of phone number:

PH#:	TYPE:
PH#:	TYPE:
PH#:	TYPE:

How did you hear about PVRs? _____

If applicable, list the member(s) recruiting you: _____

What type of membership are you applying for?

- Senior (18 years and older) Academic (over 18 and in school)
- Junior (under 18) Administrative Support

Have you ever been a member of an EMS agency or Fire Department? _____

If so, when and where? _____

What is your membership status with that dept? _____

Do you have any training that will benefit you at PVRs? If so, please list: _____

Physical Address (if different than page 1): _____

Do you have a valid driver's license? _____ License #: _____

State: _____ Issue Date: _____ Exp Date: _____

Have you ever been convicted of (a) moving traffic violation(s)? If so, please describe the offense(s):

Date of Charge: _____ Date of Conviction: _____

County/City/State of Conviction: _____
(for additional convictions please list on a separate piece of paper)

Have you ever been convicted of (a) violation(s) of law? If so, please describe the offense(s):

Date of Charge: _____ Date of Conviction: _____

County/City/State of Conviction: _____
(for additional convictions please list on a separate piece of paper)

Please list 3 character references not related to you or associated with PVRs.

(1) NAME:	PH#:	RELATION:
EMAIL ADDRESS:		
(2) NAME:	PH#:	RELATION:
EMAIL ADDRESS:		
(3) NAME:	PH#:	RELATION:
EMAIL ADDRESS:		

I hereby certify that all entries on this application and attachments are true and complete. I understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of membership with Purcellville Volunteer Rescue Squad, Inc (PVRs). I understand that all information on this application is subject to verification and I consent to a criminal history and driver background check. I also consent that PVRs may contact references listed in this application. I further authorize PVRs to verify and use, as it sees fit, any information received from such contacts.

Applicant Signature: _____ Date: _____