



The Shelburne Rescue Squad is a department of the Town of Shelburne providing volunteer emergency medical services twenty-four hours a day, every day of the year.

The Rescue squad is staffed by volunteers who fill one of three positions:

- 1) Crew Chief - A provider certified at the Advanced EMT level who directs the activities of the crew on the call.
- 2) Driver - A squad member who drives the ambulance, coordinates movement and transport of the patient, and provides operational support.
- 3) Third - A second provider certified at the EMT level (or above) who provides care to the patient at the direction of the crew chief.

The volunteers of Shelburne Rescue provide coverage through twelve-hour shifts with shift change occurring twice-a-day at 6:45AM and 6:45PM.

- Regular members are required to run a minimum of four shifts each month for a total of forty-eight hours. To allow for flexibility volunteers are allowed to meet an average of forty-eight hours per month by accruing one hundred forty-four hours per three-month quarter (January-March, April-June, July- September, October-December).
- In addition to meeting an average of forty-eight hours volunteers are required to attend a two-hour business meeting and a two-hour training meeting each month. For certified members, the two-hour training contributes to CEUs for their license recertification.

Shelburne Rescue membership begins with submitting an application to the squad (attached). Once received the application will be reviewed and if accepted, a preliminary phone interview and an in-person interview will take place. Should your candidacy be approved, a thirty-day checklist will be started during which candidates:

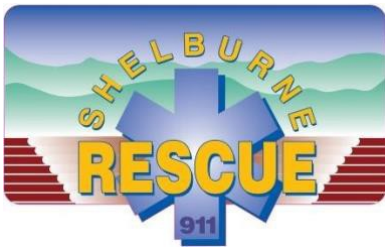
- Provide documentation of having completed National Incident Management Systems Incident Command System Courses (ICS) 100, 200, and 700
- Review a town required OSHA presentation
- Undergo an N-95 mask fit test
- Learn squad radio communication practices
- Review proper lifting techniques, and Basic Life Saver CPR for Healthcare Providers.

At the completion of the thirty-day checklist candidates are welcomed into probationary membership and given an orientation to the squad. The candidate (now a probationary member) begins their work on one of two checklists to be approved as either a Driver or an Attendant as well as their eligibility for full membership. Once a checklist is completed members can move onto another checklist (Driver or Attendant) or after some time begin working towards Crew Chief training.



For continued membership, volunteers are required to do the following:

- 1) Adhere to the Shelburne Rescue SOPs, the Vermont State EMS Rules, the Vermont State EMS Protocols and the Vermont State District 3 EMS Protocols.
- 2) Adhere to Shelburne Rescue Uniform Policy
- 3) Participate in Shelburne Rescue training (both at the monthly training meeting and while on duty)
- 4) Contribute to the safety and operational efficiency of all Shelburne Rescue duty crews through the obedience of Shelburne Rescue Crew Chiefs while on duty, stand-by, or event coverage shifts.



Phone #: (802) 985-5125  
Address: P.O. Box 254 Shelburne, VT 05482  
Email: [rescue@shelburnevt.org](mailto:rescue@shelburnevt.org)

## Application for Volunteer Positions

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone #: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Today's Date: \_

Position Applied for:  Crew Chief  Driver  EMT – Attendant

Do you currently hold a Vermont and/or National EMS Certification? YES  NO  If yes, what is your Certification Level? EMR  EMT-B  AEMT  PARAMEDIC

Prior Volunteer Positions Held with the Town of Shelburne? YES  NO  If yes, explain: \_\_\_\_\_

Do you have any pending applications with any other Emergency Service Department? YES  NO  If yes, explain: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever been convicted of a felony and/or misdemeanor? YES  NO  If yes, explain: \_\_\_\_\_

Have you been disciplined or discharged by a former employer for any type of dishonesty, ethical misconduct, or violent behavior in the last 15 years? YES  NO  If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Date From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Date From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Date From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three references other than family. (Professional References Preferred)

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

## Current / Past Employment

**Company:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Date: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

**Company:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Date: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

**Company:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Date: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

**EMS****Experience****Department:** \_\_\_\_\_ **City:** \_\_\_\_\_

Dates Served: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_ Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Department:** \_\_\_\_\_ **City:** \_\_\_\_\_

Dates Served: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_ Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Certifications:** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please attach copies of your EMS Dept. certifications (i.e. First Aid, CPR etc.)

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature***I understand that the position for which I am applying may include the operation of Town owned Motor Vehicles. Therefore, I must pass a Vermont Driver's License Check prior to employment.**I understand that the position for which I am applying includes work with individuals or groups who are recognized as vulnerable, such as children, the elderly, or mentally disabled. Therefore, a background and / or record check will be conducted prior to employment.**I authorize the investigation of all statements contained in this application and any other attachments as necessary for a membership decision.**I certify that my answers on this form and on any attachments, are true and complete to the best of my knowledge.**I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already accepted by the department may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Shelburne Rescue.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Availability**

*Please mark your weekly availability to run shifts. We run 14 shifts a week Monday-Sunday (0700-1900 and 1900-0700). The minimum hourly commitment for our members is 48 hours a month.*

<b>Day</b>	<b>Day Shift (0700-1900)</b>	<b>Night Shift (1900-0700)</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Additional:

- Please attach a copy of your license and resume with this application.

*Please mail or email completed form to Indigo Eisendrath at [rescue@shelburnevt.org](mailto:rescue@shelburnevt.org) or*

**Indigo Eisendrath  
Shelburne Rescue  
P.O. Box 254  
Shelburne, VT 05482**