

Mechanicsville Volunteer Rescue Squad, Inc.
Company 29
P.O. Box 15, Mechanicsville, MD 20659
301-884-2900
WWW.CO29.ORG

APPLICATION FOR RIDE ALONG PROGRAM

Please print in ink. All information submitted is subject to verification, through a minimal background search. A false statement may result in disqualification for the ride along program either now or at a later date.

PLEASE PROVIDE ALL REQUESTED INFORMATION. FAILURE TO PROVIDE COMPLETE INFORMATION CAN RESULT IN DELAYS PROCESSING YOUR APPLICATION.

PERSONAL INFORMATION:

NAME: _____
(LAST), (FIRST), (MIDDLE) (JR,SR,ETC)

ADDRESS: _____

DATE OF BIRTH: _____

PHONE: _____

EMAIL: _____

By submitting this application for the Ride Along Program at the Mechanicsville Volunteer Rescue Squad, Inc. (MVRS), I authorize investigation of all statements contained therein. I hereby authorize MVRS to make any contacts considered necessary for me to participate in the ride along program. Such as current employers, criminal records, public case searches etc. It is understood and agreed that any misrepresentation by me in this application, will be sufficient cause for cancellation of the application. I understand that this application is the property of Mechanicsville Volunteer Rescue Squad, Inc. and will become part of my personnel file if I turn in an application for Active Membership.

POLICY STATEMENT: MVRS is an equal opportunity organization and shall not discriminate against any member or applicant due to age, sex, marital status, national origin, religion, race, physical or mental handicap unrelated to the performance of the job or any other prohibited reasons. The Ride Along Coordinator will review this application and additional information found before scheduling a duty shift. Applicants may be disqualified for criminal conduct.

I, _____ here by acknowledge that I have read the above statement and certify that all information contained within this application to be true and correct to the best of my knowledge.

Signature

Date

If applicant is 16-18 years of age, a parent or legal guardian MUST sign this application.

Parent or Legal Guardian Signature