



**GLOUCESTER VOLUNTEER**  
Gloucester County, Va. **FIRE & RESCUE**  
Established 1937

P.O. Box 1417/6595 Main St  
Gloucester, Va 23061  
Ph: 804-693-2148 Fax: 804-694-0052

**Jr Squad Application**

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

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Employer (if any) \_\_\_\_\_

Do You have any physical Limitations? Yes: \_\_\_\_\_ No: \_\_\_\_\_

(if yes) Please Explain: \_\_\_\_\_

*Note: Physical limitations will not affect your acceptance into the Rescue Squad*

References: Please provide two references that are not immediate family or living in your household:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Cell ph: ( ) \_\_\_\_\_

Cell Ph: ( ) \_\_\_\_\_

**Gloucester Volunteer Junior Rescue Squad-Application**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Membership Requirements: Do You agree to: (Circle correct one)

- 1- Pull a minimum of 8 hours of duty per month?                      Yes                      No
- 2- Attend a minimum of 50% of all Junior Squad meetings?                      Yes                      No
- 3- Obtain at least First Responder Certification with in  
12 months (after 6 month probation period)?                      Yes                      No
- 4- Obtain and maintain certification of CPR-Provider level?                      Yes                      No
- 5- Complete all scheduled inventory and clean-up assignments?                      Yes                      No

*Note: all work connected with the Junior Rescue Squad is on a volunteer basis and no compensation will be paid.*

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I, \_\_\_\_\_ testify that the information on this application is accurate. I give Gloucester Volunteer Fire and Rescue Squad, Inc. (GVFRS) permission to verify this information and contact my references on my behalf. I understand that initial membership to the Gloucester Volunteer Junior Rescue Squad is on a temporary basis. Following a probationary period of six months, I understand that my performance will be evaluated according to the requirements for active membership. At this time permanent membership will be confirmed or rejected.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**GVJRS Statement of Acknowledgment**

We have read the rules and regulations of the GVJRS and agree to abide to all Rules and Regulations.

Applicants' Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

Applicants' Signature \_\_\_\_\_

Parents' Name (please print) \_\_\_\_\_

Parents' Signature \_\_\_\_\_

**Gloucester Volunteer Junior Rescue Squad-Application**

Applicants Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Gloucester Volunteer Fire and Rescue Squad, Inc.  
Junior Rescue Squad Parental Release**

My child \_\_\_\_\_ has my permission to participate as a member of the Gloucester Volunteer Junior Rescue Squad. I understand that as a member of the Junior Rescue Squad my child will be required to meet the following requirements:

- 1- Be between the ages of 15-18 years old
- 2- Maintain a minimum of 2.0 GPA in school
- 3- Attend at least 50% of all Junior Rescue Squad functions
- 4- Pull a minimum of 8 duty hours per month  
(Duty hours are to be pulled with a senior squad member, and the junior members are to be off department property by 10:00 p.m.)
- 5- Obtain and maintain certification in CPR –Provider level
- 6- Obtain at least a First Responder certification within 12 months of joining the squad

*The initial membership is on a 6 months probationary status. After this time the members performance will be evaluated and permanent membership will be confirmed or rejected.*

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult in charge to give any necessary emergency medical treatment to the above Named child.

Childs' physician: \_\_\_\_\_ ph # \_\_\_\_\_

Hospitalization Insurance: Name of holder \_\_\_\_\_ Policy # \_\_\_\_\_

I, the undersigned do hereby certify that I am the parent/guardian of \_\_\_\_\_ and do hereby release and by presents for my heir(s), assign(s), executor(s), and administrator(s) the Gloucester Volunteer Fire and Rescue Squad Inc., its heir(s), assign(s), executor(s), and administrator(s) from any liability, directly or indirectly, arising out of my son/daughter being transported in any fire department vehicle and/or using any fire department facility or equipment for training, in consideration for the department allowing my son/daughter to be transported in any fire department vehicle and/or to use any fire department facility or equipment of training.

\_\_\_\_\_  
Parents' signature

\_\_\_\_\_  
Date

Witnessed:

\_\_\_\_\_  
Jr Squad Officer

\_\_\_\_\_  
Company Officer



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## **Junior Squad**

Standard Operating Procedures and Policies  
Adopted 17 July 1996  
Revised 1 July 1997  
Revised 14 October 2000  
Revised 2005

### **MISSION STATEMENT**

Under the sponsorship and supervision of the Gloucester Volunteer Fire & Rescue Squad, Incorporated (here forth called GVFRS), the Gloucester Volunteer Junior Rescue Squad (GVJRS) will assist GVFRS in providing the best possible emergency medical care to the citizens of and visitors to Gloucester County.

### **ORGANIZATION**

The Gloucester Volunteer Junior Rescue Squad (GVJRS) will be organized in the following manner:  
GVFRS EMS Assistant Chief  
GVFRS EMS Captain  
GVFRS Junior Squad Leader

### **JUNIOR SQUAD LEADER'S RESPONSIBILITIES**

- Will be an active member of GVFRS, responsible to the GVFRS President and the Board of Directors
- Direct the training of the GJVRS members
- Assist the member(s) obtain and maintain an active role in the organization
- Evaluate member's performance
- Serve as a mentor to the member
- Serve as a liaison between the members and GVFRS

# Junior Squad

## Standard Operating Procedures and Policies (cont)

### JUNIOR SQUAD ELIGIBILITY REQUIREMENTS/PREREQUISITES

- A person of good character and good reference between the ages of 16-18 years of age
- Signed release form from parent or legal guardian
- Maintain a minimum of a 2.0 GPA in school
- When applicable have a clean driving record
- No criminal (delinquency) history
- Be a Gloucester County resident

### GVJRS MEMBERSHIP RESPONSIBILITIES

- Obtain and maintain a current certification in CPR for the Health Care Provider
- Pull a minimum of 8 duty hours a month
- Complete scheduled inventories
- Complete scheduled building clean-ups
- Attend a minimum of 50% of all GVFRS meetings
- Enroll in an EMT-B course or First Responder Course within one (1) year of joining GVJRS and completing the probationary period. A waiver may be issued if a course is not offered within that time
- Report promptly for duty
- All information obtained during an incident or regarding a patient is considered confidential and will not be discussed outside of the department. Refer all comments or questions to the Attendant in Charge (AIC) of the incident or to the Junior Squad Leader. You are bound by the Patient Privacy Act.
- Will submit a copy of their grades at the end of each marking period to the Junior Squad Leader. Those who do not meet the 2.0 GPA requirements will not be allowed to pull duty until the next grading period provided the GPA has improved to 2.0 or better
- Will not remain in the station after 10 p.m. (2200)

### GVJRS INACTIVE STATUS

- A GVJRS member may place a request for inactive status for a period not to exceed three months. The member must submit in writing a letter requesting this status to the GVJRS Leader one week prior to the month the member wishes to be inactive
- The request will be reviewed by the GVJRS Leader and action will be taken. *Note: If a request for Inactive Status is not submitted and the member has not reported within one month, the GVJRS Leader may decide to request a resignation from the Jr. Squad member*

# **Junior Squad**

## **Standard Operating Procedures and Policies (cont)**

### **GVJRS DUTY HOURS**

- Required to pull a minimum of 8 hours per month
- Only one junior squad member may be on duty at a time
- Will pull only until 10 p.m. (2200). If they are on a call they must leave upon returning to the building
- Are not allowed to pull duty Mon-Fri 6 a.m.- 6 p.m.
- Must schedule duty hours through the GVJRS Leader or if placed on a squad the duty Squad Sgt
- A member may pull any time within the hours specified. A full crew may consist of four certified GVFRS members and one third party. (all GVJRS members are considered third party)
- All GVJRS members will be accompanied by a GVFRS member that is a minimum of EMT-B status at all times while in the station and/or on the medic unit. GVJRS members will not be held responsible for patient care by themselves
- Members will not be allowed to respond to calls in privately owned vehicles or while not on duty

### **UNIFORM POLICY**

- While on duty members will wear the prescribed duty uniform.
- When wearing clothing that represents you as a member of this organization, act appropriately. Remember that your actions may reflect positively or negatively on GVJRS or GVFRS.

### **TRAINING**

- Are encouraged to attend all GVFRS training meetings.
- May apply to attend any training classes sponsored by outside agencies provided they meet the minimum requirements of the course. The GVFRS Asst. EMS Chief must approve all requests.

### **GVFRS MEMBERSHIP**

- GVJRS members may apply for membership with GVFRS after turning 18 years of age and graduation from High School or obtaining a GED
- Complete and submit a GVFRS application to the membership committee

### **CONDITIONAL STATEMENT**

The policies and procedures here are to be used in conjunction with the GVFRS constitution and by-laws. These policies are specific to GVJRS. Any situation that arises and cannot be resolved by these policies will be handled in accordance with the GVFRS constitution and by-laws. These SOP's are subject to change in the future.