



Knoxville Volunteer Emergency Rescue Squad, Inc.

512 N Chilhowee Drive

Knoxville, TN 37924-2601

865-546-4824

www.kvers.org

APPLICATION REFERENCE FOR _____

Printed Applicant's Full Name

INTRODUCTION: The above named applicant has applied to volunteer with the Knoxville Volunteer Emergency Rescue Squad, Inc. As the busiest all volunteer Rescue Squad in the area, KVERS provides first out rescue response, emergency medical services, and specialized rescue Services to Knox County, Knoxville, TN, and specialized rescue and mutual aid in Knoxville City. Members must be of impeccable moral character, reliable, trustworthy, and able to function as part of a team. They must be to work within the command structure of the organization and under stressful and sometimes hazardous conditions.

YOU ARE NOT REQUIRED TO BE A REFERENCE. If you choose to act as a reference, the information you provide may be acted upon by the Rescue Squad, its Officers, and its Board of Directors in making a determination on the prospective member's application. Your full and candid response is appreciated. **This form should be returned directly to KVERS.**

TO THE APPLICANT: Please complete Part I of this form and then give it to someone who knows you well and can provide an accurate and full account of your abilities, accomplishments, and personal qualities. Please provide the recommender with this form and a stamped envelope addressed to: Knoxville Volunteer Emergency Rescue Squad, Inc., ATTN: Membership Reference, 512 N. Chilhowee Drive, Knoxville, TN 37924

PART I (to be completed by applicant)

Name: _____

Address: _____

I hereby authorize the below reference to provide the requested background and personal information to the Knoxville Volunteer Emergency Rescue Squad, Inc., its Executive Director, and its Board of Directors. I acknowledge that this completed reference is the property of the Knoxville Volunteer Emergency Rescue Squad, Inc. and I have no right to see the completed reference or any other part of my application or prospective membership file.

Signature of applicant

Date

PART II (to be completed by the reference)

Name: _____ Occupation: _____

Phone Number (Required) _____

Address: _____

How long and in what capacity have you known the applicant? _____

How frequently do you have Contact with the applicant? _____

(please see next page)



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Please complete these ratings, bearing in mind that they are used to compare this applicant to other highly capable applicants:

Unable to Judge	Category	Below Average	Average	Good	Excellent
	Integrity				
	Intellectual Curiosity				
	Motivation/ Initiative				
	Self Confidence				
	Community Respect				
	Warmth of Personality				
	Leadership				
	Reliability				
	Trustworthiness				
	Interpersonal Skills				
	Ability to maintain confidential Information				
	Ability to remain calm under stress				
	Reaction to criticism				

Elaborate on these ratings if you wish _____

Please offer any additional comments concerning this applicant's ability, character, and suitability for membership in the Knoxville Volunteer Emergency Rescue Squad, Inc. (For example, alcohol or drug concerns, psychological instability concerns, incidents of violence or aggression towards co-workers, supervisors, family, etc.) We will be pleased to receive an attached letter if you wish. We sincerely appreciate your assistance in our membership process.