



WAYNESBORO FIRST AID CREW, INC.

A Volunteer Organization Operated on Donations
Organized 1951

Post Office Box 1427 • 201 West Broad Street
Waynesboro, Virginia 22980
Business Phone 540-949-7118 • Business Fax 540-949-4159
<http://www.wfacrescue1.org/>

Application for Membership

MEMBERSHIP CATEGORY	
<input type="checkbox"/>	Senior
<input type="checkbox"/>	Associate
<input type="checkbox"/>	Junior

PERSONAL INFORMATION				
LAST NAME		FIRST NAME		MIDDLE NAME
NICKNAME		E-MAIL ADDRESS		
MAILING ADDRESS				
AGE	DATE OF BIRTH		SOCIAL SECURITY NUMBER	
HOME PHONE		DAY PHONE		CELLPHONE
Physical Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
Can you provide a physical statement? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please explain any restrictions that will affect your service (i.e. family, medical, work, etc.).				

EDUCATION	
HIGH SCHOOL (NAME)	
Years of high school completed:	
<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
HS Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE OR VOCATIONAL SCHOOL (NAME)	
MAJOR	DEGREES EARNED
OTHER TRAINING, DEGREES, OR CERTIFICATES	

Last Name: _____

REFERENCES		
References must be at least twenty-one years of age and not related to the applicant.		
NAME		
ADDRESS	RELATIONSHIP	
	PHONE	
NAME		
ADDRESS	RELATIONSHIP	
	PHONE	
NAME		
ADDRESS	RELATIONSHIP	
	PHONE	

I hereby submit this application for membership in the Waynesboro First Aid Crew, which is dedicated to saving lives. It is understood that if I am accepted, I shall be required to abide by the Crew constitution and bylaws, or be subject to dismissal by vote of the membership. I swear that to the best of my knowledge all the information provided is true and correct; willfully false statements may be cause for rejection or dismissal. I understand that my refusal to sign this document shall remove me from consideration for membership in the Waynesboro First Aid Crew.

For senior and associate membership this form must be signed in the presence of a notary public.

_____ Date _____
Signature of Applicant

_____ Date _____ My Comm. Expires _____
Signature of Notary

If Under 18: We the undersigned parents/guardians give permission for our son/daughter to become a member of the Waynesboro Junior First Aid Crew. We also accept responsibility for any equipment willfully destroyed by him/her. We further give permission for our son/daughter to ride in any emergency vehicle and to participate in emergency medical and rescue courses provided by this organization or other state or local emergency services organizations.

_____ Date _____
Signature of Parent/Guardian

Last Name: _____

EMS VOLUNTEER STATEMENT OF COMMITMENT

As a member of the Waynesboro First Aid Crew, I hereby make a commitment to:

1. Serve at least 12 hours per week/month as required.
2. Attend membership meetings as scheduled/required.
3. Attend monthly training meetings as required.

I understand that membership in the Waynesboro First Aid Crew is at-will, and that I may be asked to resign or my membership may be terminated at any time for reasons such as:

1. Failure to comply with the bylaws.
2. Failure to comply with the standard operating procedures.
3. Failure to pull required duty time without prior arrangement.
4. Failure to attend monthly membership meetings and training sessions as required.
5. Breach of confidentiality.
6. Unethical or illegal behavior.
7. Refusal to follow the directions of the officers.
8. Failure to complete the required training programs, such as:
 - a. CPR
 - b. First Responder or EMT-B
 - c. EVOC (Emergency Vehicle Operations Course)

As a volunteer, I am also required to provide evidence of:

1. Current Virginia driver's license or DMV transcript if applicable.
2. Copies of any current certifications from the Office of EMS, Department of Fire Programs, or other certifying organizations.
3. History of any criminal records.

Signature of Applicant

Date

Membership Committee

Date