

Waynesboro First Aid Crew

Application for Membership



WFAC Mission

To provide the best quality pre-hospital emergency care and rescue services to the citizens of Waynesboro and surrounding areas.

Have you ever applied for or been a previous member of the Waynesboro First Aid Crew?

Yes No

Have you ever applied for or been a previous member of any other Rescue Squad or Fire Department? Yes No

Squad/Fire Dept. _____ Date _____

Contact Officer _____ Phone _____

Squad/Fire Dept. _____ Date _____

Contact Officer _____ Phone _____

Please list any other professional or volunteer experience which may be helpful in your position as a member of the Waynesboro First Aid Crew:

Restrictions that might/will affect your availability for EMS work (family, work schedules, medical restrictions, etc.) _____

REFERENCES - Please see back page. 3 References must be listed.

Names of any friends and relatives at Waynesboro First Aid Crew _____

Were you referred by a WFAC crew member? Yes No

If yes, please list their name here: _____

In Case of Emergency, notify: _____

Relationship: _____

Home Phone _____ Work Phone _____

Cell Phone _____

Physician _____ Office Phone _____

Place of Employment _____ Phone _____

Address _____

Position Held _____ Supervisor _____

Times available for duty: 6am-6pm 6pm-6am _____

When can you start? _____

In no less than twenty-five (25) words and no more than one hundred (100) words, explain why you want to become a member of the Waynesboro First Aid Crew. Include any personal goals, professional goals, community goals, etc.

I hereby submit this application for membership in the Waynesboro First Aid Crew, which is dedicated to save 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 of the information provided is true and correct. Willfully submitting false statements may be cause for dismissal or non-acceptance. I understand that my refusal to sign this document will remove me from consideration as a member of the Waynesboro First Aid Crew.

For membership at WFAC, this form must be signed in the presence of a Notary Public.

Signature of Applicant

Date

Signature of Notary

Date

My Commission Expires

(Under Age 18 Years)

We the undersigned parents or guardian 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, to participate in emergency medical and rescue courses provided by this organization or other state or locally sponsored emergency services, and to submit to drug testing at the discretion of the crew.

Signature of Parent/Guardian

Date

Statement of Commitment

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

1. Give 12 hours per week/month as required
2. Attend membership meetings as scheduled/required
3. Attend monthly training sessions as required

As a member, I understand that I am a part of the staff of the Waynesboro First Aid Crew and therefore, I can be dismissed or asked to resign. Cause for dismissal or resignation requests from the membership include:

1. Failure to comply with the bylaws of the organization
2. Failure to comply with the standard operating procedures of the organization
3. Failure to pull required duty without prior arrangement
4. Failure to attend monthly membership meeting and monthly training sessions
5. Breach of confidentiality
6. Unethical behavior
7. Unwillingness to follow the directions of the officers
8. Failure to complete required training programs; for example:
 - a. CPR
 - b. First Responder or EMT
 - c. EVOC (Emergency Vehicle Operators Course)

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

1. Current Virginia Driver's License and DMV Transcript
2. Copies of any current certifications from the Division of EMS/VAVRS/DFP
3. A criminal history record with eligibility for membership
4. A clean drug screen test, and will agree to submit to drug testing at the discretion of the crew.

Signature of Applicant

Date

Squad Membership Committee

Date

REFERENCES: Please list three references in the space provided below.
References must be 21 years of age, not related.

For Office Use Only

Name of Reference: _____ **Phone:** _____

How long have you known applicant? _____

What is your association with applicant? _____

Is applicant trustworthy and honest? _____

Has applicant ever engaged in activities which may discredit or embarrass the crew?

If properly trained, would you feel comfortable with the applicant rendering care upon you or a family member?

Do you feel comfortable recommending applicant to us? _____

Is there any additional information the you could tell us about the applicant?

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FOR OFFICE USE ONLY

Application received _____

Interview done on _____ By: _____

Application presented to membership _____ Accepted Rejected

Criminal history report filed? _____ Criminal history report received _____

Eligible for membership? Yes No