

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.

Education and Experience:

What is your highest level of education:

- | | |
|---|--|
| <input type="checkbox"/> High School 9th | <input type="checkbox"/> University/Vocational School Year 1 |
| <input type="checkbox"/> High School 10th | <input type="checkbox"/> University/Vocational School Year 2 |
| <input type="checkbox"/> High School 11th | <input type="checkbox"/> University/Vocational School Year 3 |
| <input type="checkbox"/> High School 12th | <input type="checkbox"/> University/Vocational School Year 4 |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Other |

(e.g. post-secondary degree)

Please list any other technical/professional training:

EMT/Rescue Experience, Training, Certifications:

Have you ever had your EMS certification suspended, revoked or issued a citation from the Virginia Office of EMS or any other licensed agency? *(If yes, please explain)*

- No
- Yes, _____

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

- No
- Yes

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

Employment History

Name of your most recent/current employer: _____

Is this your current employer?

- No
 Yes

Job Title: _____

Type of Employment: _____
(e.g. Full-time/Part-time/Per-Diem/Volunteer)

Start Date of Employment: _____ If applicable, End Date: _____

Contact Information: _____
Name of Employer / Supervisor Email or Phone Number

May we contact your employer/supervisor listed?

- No
 Yes

If applicable, Reason for Leaving: _____

Employer 2: _____

Job Title: _____

Type of Employment: _____
(e.g. Full-time/Part-time/Per-Diem/Volunteer)

Start Date of Employment: _____ If applicable, End Date: _____

Contact Information: _____
Name of Employer / Supervisor Email or Phone Number

May we contact your employer/supervisor listed?

- No
 Yes

Reason for Leaving: _____

Employer 3: _____

Job Title: _____

Type of Employment: _____
(e.g. Full-time/Part-time/Per-Diem/Volunteer)

Start Date of Employment: _____ If applicable, End Date: _____

Contact Information: _____
Name of Employer / Supervisor Email or Phone Number

May we contact your employer/supervisor listed?

No

Yes

Reason for Leaving: _____

References:

Name of Reference 1: _____

Relationship with Reference 1: _____

Email and/or phone number of Reference 1: _____

Name of Reference 2: _____

Relationship with Reference 2: _____

Email and/or phone number of Reference 2: _____

Name of Reference 3: _____

Relationship with Reference 3: _____

Email and/or phone number of Reference 3: _____

Statement of Commitment

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

1. (Part-Time/Volunteer) at least 12 hours per month / (Full-Time) between 60 - 96 hours per pay period depending on FTE
2. Attend Staff meetings and trainings as scheduled/required
3. Attend annual skills drill 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 administrative and operational guidelines
3. Failure to meet required duty hours without prior arrangement
4. Breach of confidentiality
5. Unethical behavior
6. Unwillingness to follow the directions of the officers as outlined in the SOP/SAGs
7. Failure to complete and maintain required training, *e.g. BLS (CPR), EVOG (Emergency Vehicle Operators Course), VA EMS certification*

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/VDFP
3. A criminal history record with eligibility for membership
4. A pre-employment drug screen, and will agree to submit to drug testing at the discretion of the crew as outlined in SOP/SAGs.

I have read and understand the statement of commitment to WFAC above.

Signature of Applicant: _____ Date: _____