# 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.

### Submit This Application For: (Please select all that applies)

- □ Full-Time Position
- □ Part-Time Position
- □ Volunteer

### Personal Information: (Please print the information required below)

Legal Name:				Nickname:	
Are you 18 or older:	🗌 Yes	First No	Middle		
Mailing Address:					
# Street / P.O. Box					
City		State	Zip C	code	
Email Address:			Phone	e Number:	
Have you ever been arrest traffic accident? (If yes, pleas	e explain)				ourt other than a
Have you ever been conv	icted of a fe	elony? (If yes, pleas	e explain. Provide	the nature and date of conviction)	
□ Yes,					
Do you have a Virginia D No Yes	river's Licer	nse or are you e	ligible to obt	ain one?	
How did you hear about	WFAC?				

#### **Education and Experience:**

What is your highest level of education:	
High School 9th	University/Vocational School Year I
High School 10th	University/Vocational School Year 2
High School 11th	University/Vocational School Year 3
High School 12th	University/Vocational School Year 4
High School Diploma or GED	
Please list any other technical/professional training:	(e.g. post-secondary degree)
EMT/Rescue Experience, Training, Certifications:	
Have you ever had your EMS certification suspended, r	evoked or issued a citation from the Virginia Office c
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?
🗋 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:

Please share any	restrictions	that I	might/will	affect your	<sup>.</sup> availability	′ for	EMS	work:

Name of any friends and/or relatives at Waynesboro First Aid Crew:

Were you referred by a WFAC crew member?

When can you start at WFAC? \_\_\_\_\_

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

\_\_\_\_\_

If applicable, please attach copies of your state EMS license to your application. You may also attach a copy of your resume/CV, EVOC or additional certifications, and/or letters of recommendations.

### 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/Volunte	er)
Start Date of Employment:	_ If applicable, End Date:
Contact Information:	
Contact Information:	Email or Phone Number
□ Yes	
If applicable, Reason for Leaving:	
Employer 2:	
p.o/o	
Job Title:	
Job Hite:	
Type of Employment:	
Type of Employment:	er)
Start Date of Employment:	_ If applicable, End Date:
Contact Information:	Email or Phone Number
May we contact your employer/supervisor listed?	
🗆 No	
□ Yes	
Reason for Leaving:	

Employer 3:	
Job Title:	
Type of Employment:	r)
Start Date of Employment:	If applicable, End Date:
Contact Information:	Email or Phone Number
Reason for Leaving:	
References:	
Name of Reference I:	
Relationship with Reference I:	
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:

- I. 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), EVOC (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:	
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