



# Washington County Life Saving Crew

*Serving Washington County, Virginia since 1952*

## Associate Membership Application

### Dear Applicant,

Thank you for your interest in applying with Washington County Life Saving Crew. Please turn in a copy of the following documents at 237 Park Street, Abingdon. You may also email your application to [info@wclsc.com](mailto:info@wclsc.com). We look forward to hearing from you.

<input type="radio"/>	Completed Application <i>(Page 2-3)</i>
<input type="radio"/>	Signed Parent/Guardian Letter *If Under 21 <i>(Page 4)</i>
<input type="radio"/>	Any Current Certifications
<input type="radio"/>	Traffic Record from Department of Motor Vehicles You may obtain a copy of your driver by <a href="http://dmv.virginia.gov">applying at dmv.virginia.gov</a> or by visiting a DMV Customer Service Center
<input type="radio"/>	Completed fingerprint card Visit Virginia <a href="#">Department of Health &gt; Emergency Medical Services &gt; Regulation &amp; Compliance &gt; Fingerprinting</a> or <a href="#">Click Here</a>

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# Washington County Life Saving Crew

## *Associate Membership Application*

### **To Parents and/or Guardians,**

Your child has applied for membership with Washington County Life Saving Crew as a junior member. Junior members are members that are under the age of 21. Just as the senior members have officers by which they are lead, the junior squad has a Junior Advisor and an Assistant Junior Advisor that are elected each year. Your child will use these advisors as liaisons between themselves and the senior membership. WCLSC has had a strong and proud junior squad for generations. Many of our current senior members, as well as many past and current officers, started here as junior members.

The interest shown by your child in serving our community is admirable. In becoming a junior member, they will have the opportunity to answer 911 calls alongside some very dedicated and knowledgeable EMS providers. Your child will be supervised and directed by these senior members. Respect for authority and ability to follow directions are expected, as the nature of EMS calls can be unpredictable. EMS is a world in which your child will be asked to act and represent our agency as an adult with appropriate behavior when dealing with the public.

At WCLSC we put the safety of our personnel above all else. Second, we prioritize patient safety and care. We cannot help others if we become patients ourselves. This does not mean we are not in inherently dangerous situations while trying to help patients. The demands of 911 can and will include managing motor vehicle accidents on interstates and highways, rescue operations in wooded and rough terrain, water rescues in lakes and rivers, and a variety of other unpredictable situations. Your child will never be asked to perform a task for which they are not trained or asked to use a piece of equipment that is unfamiliar to them. With time, your child will learn skills and training that will make them an integral part of our teams running rescue and medical calls.

The demands of any agency running 911 calls are vast. It is impossible to fully prepare ourselves for every conceivable scenario. We train every month during our training meetings, have annual training for medical calls and water rescue, and have some amazing resources in some very specially trained personnel. We strive to teach and share our knowledge and experiences with the next generation of medical providers. As we never truly know what we will face when answering a 911 call, we would like to make you as the parent/guardian aware of some things your child may see or deal with.

911 calls can range from medical calls such as heart attacks, strokes, and general illnesses, to traumatic injuries from car accidents, broken bones from sports injuries, and occasionally assaults or self-inflicted gunshot wounds or stabbings. In any situation in which a weapon is suspected, EMS does not enter a scene until Law Enforcement has deemed the situation safe. Your child will eventually see EMS providers perform CPR, be asked to perform CPR themselves, and deal with patients that are not able to be saved by EMS. Chances are high your child will also see patients with large and sometimes disturbing injuries such as broken legs, visible bones, lacerations with massive bleeding, and any other conceivable injury that may require an

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ambulance. Patients can also have extensive medical histories including possible communicable diseases such as the flu, hepatitis, tuberculosis, viral meningitis, and HIV/ AIDS, etc.

Our safety standards at WCLSC require providers to wear gloves while treating patients and we do our utmost to keep our providers safe. Although the chances of our providers being exposed to communicable diseases are fairly low and the risk of contracting any diseases after exposure is even lower, the nature of medical careers involving patient care does not allow for those risks to be non-existent. Please be aware that if your child is permitted to run calls with us, that this is not a “pick-and-choose” situation. Even if we know a patient has a communicable disease, severe injury, or other possibly mentally and emotionally taxing need, we are still bound to treat them like any other patient. Although we will prioritize our own safety, if your child becomes a junior member, they will be asked to run all calls and assist us as needed and will not have the opportunity to simply “opt-out” of running 911 calls.

Support for the emotional and mental health of our members after particularly difficult calls is also available to your child. We encourage talking about calls and a debriefing session with counselors is available through our state EMS regulation board when needed.

In addition to running 911 calls treating and helping the people of our community, WCLSC also supports our fellow EMS and fire agencies in our area by assisting in any medical or rescue operations they may be facing. Your child will be expected to be as helpful and respectful of any law enforcement officers, EMS provider, or firefighter as they are of their fellow junior members and senior members of WCLSC.

In signing this letter, you agree to allow your child to ride aboard our ambulances alongside our dedicated providers and serve our amazing community through any 911 calls received. In signing this letter, you are also acknowledging the fact that although we strive for the constant safety of all providers, EMS is inherently unpredictable and can be dangerous and you are absolving WCLSC of any liability.

Finally, in signing this letter, you are providing your child the opportunity to become part of an amazing EMS family and truly learn the satisfaction of helping others in need.

Respectfully,

*Kyle Hayes*

*1<sup>st</sup> Lieutenant*  
*Office 276-676-2401 ext.03*

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**Please answer the two following questions below:**

*May your child ride in an emergency vehicle under emergency and non-emergency conditions?*

☐ Yes      ☐ No

*May your child stay at the crew hall for either day or night duties or both?*

☐ Dayshift Only      ☐ Nightshift Only      ☐ Both Day & Nightshift

By signing this, I hereby grant permission to the Membership Committee of Washington County Life Saving Crew, Inc. to conduct a criminal and sexual offender investigation of my child.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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### Application for Associate Membership

Print Full Name

Date of Birth (mm/dd/yyyy)

Social Security Number (xxx-xx-xxxx)

Physical Address (Street, City, State, Zip Code)

Mailing Address

Primary Phone Number

Secondary Phone Number

In case of emergency, (Name)

(Relation)

(Phone)

Level of Education

Last School Completed

List Three Personal References (Non-Relative and Non-Crew Affiliated)

Name	Address	Phone Number
1.		
2.		
3.		

List All Medical and Rescue Training	Expiration

Where you are presently employed?

Duration with present employer?

☐ Yes ☐ No  
Can we contact your Supervisor?

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\_\_\_\_\_  
If Yes, Name and Phone Number for Supervisor

☐ Yes ☐ No

Are you presently a resident of Washington County?

\_\_\_\_\_  
If No, what county?

\_\_\_\_\_  
How long have you lived in the county listed above?

\_\_\_\_\_  
List any emergency medical organizations you are affiliated with

☐ Yes ☐ No

Have you ever been convicted of a crime in the United States?

☐ Yes ☐ No

Any traffic violations?

☐ Yes ☐ No

Have you ever served in the military?

\_\_\_\_\_  
If Yes, what branch?

\_\_\_\_\_  
Please list any other volunteer experience you may have had.

☐ Dayshift (0630-1830)

☐ Nightshift Only (1830-0630)

☐ Both

What shifts are you available for?

☐ Yes ☐ No

Can you attend monthly business meetings

\_\_\_\_\_  
If no, state reason.

☐ Yes ☐ No

Can you attend monthly training meetings

\_\_\_\_\_  
If no, state reason.

☐ Yes ☐ No

Can you work 2 shifts per month as required

\_\_\_\_\_  
If no, state reason.

*\*Shifts are 12 hours and you must stay at the station*

I, the undersigned hereby agree, if accepted by the Washington County Life Saving Crew, Inc. as a member to abide by the rules and regulations set forth in the Washington County Life Saving Crew, Inc. Constitution and By-Laws. If at any time that I can no longer meet the requirements of the Washington County Life Saving Crew, Inc. I will notify the Captain or Superior Officer and immediately turn in all property belonging to Washington County Life Saving Crew, Inc. in my possession.

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### Consent for Reference and Background Check

I give the membership committee of Washington County Life Saving Crew, Inc. permission to inquire into my references, licenses, employment and/or volunteer history, and to conduct a criminal and sexual offender investigation of myself. I also give permission to the holder of any such information to release it to Washington County Life Saving Crew, Inc.

I hold Washington County Life Saving Crew, Inc. harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Washington County Life Saving Crew, Inc. will use this information only as part of its verification of my volunteer application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official use only

\_\_\_\_\_  
Date of approval by Membership Committee

\_\_\_\_\_  
First Lieutenant (chairman)

The above-named applicants has completed their 3 month probationary period, passed the required tests and courses, and has been voted in and approved by the Washington County Life Saving Crew, Inc. as required by the agencies Constitution and By-laws.

\_\_\_\_\_  
Captain

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Lieutenant

[Click here to submit the form](#)