



Washington County Life Saving Crew

Serving Washington County, Virginia since 1952

Senior 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. We look forward to hearing from you.

<input type="radio"/>	Completed Application <i>(Page 2-3)</i>
<input type="radio"/>	Consent for Reference and Background Check <i>(Page 4)</i>
<input type="radio"/>	Any Current Certifications
<input type="radio"/>	Driving Record from Department of Motor Vehicles You may obtain a copy of your driver by applying at dm.v.virginia.gov or by visiting a DMV Customer Service Center
<input type="radio"/>	Complete fingerprints Visit Virginia Department of Health > Emergency Medical Services > Regulation & Compliance > Fingerprinting

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Washington County Life Saving Crew

Senior Membership Application

Application for Senior 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