

Application for Membership



DANVILLE LIFE SAVING & FIRST AID CREW, INC.

202 Christopher Lane, Danville, VA 24541

434-792-2739 ext. 210

Sponsoring Member: _____

Date Filed: _____

Please complete the following form and either mail to 202 Christopher Lane or bring to the Business office in the Danville Area Training Center. Please use black or blue ink.

1. Full Name: _____

Nick Name: _____

2. Date of Birth (00/00/00): ____/____/____ SSN/ _____

3. Address: _____

4. Phone: (Home) _____ (Work) _____ (Cell) _____

5. Email: _____

6. Normal Working Hours: _____

7. List chronologically ALL of your residences for the past TEN years:

Dates From-To	Street Address	City	State	Zip

8. List chronologically ALL of your places of employment for the past TEN years:

Dates	Company	Address	Phone	Supervisor

9. Do you have any physical condition which may limit your ability to perform the job applied for? _____

10. Do you have a valid driver's license?

(A) Yes No

(B) What State? _____

(C) License Number: _____

11. Military Record: *(If your answer to question "A" is negative, you may omit the rest of this section on military)*

(A) Have you ever served on active duty in the armed services of the United States?

Yes No

(B) What Branch? _____

(C) Dates of Service: _____

(D) Serial Number: _____

(E) Are you now a member of The Reserves or National Guard Yes No

(F) If in the Guard, who is your Lieutenant in charge? _____

12. References: Give three references (*Not relatives, former employees, fellow employees, or school teachers*) who are responsible adults of reputable standing in their communities, such as stakeholders, property owners, business or professional men or women including your family physician, if you have one, who have known you well during the past five years.

(A) Complete Name: _____

(B) Years Acquainted: _____

(C) Their Address: _____

(D) Business Address: _____

(E) Occupation: _____

(F) Phone Number: _____

(A) Complete Name: _____

(B) Years Acquainted: _____

(C) Their Address: _____

(D) Business Address: _____

(E) Occupation: _____

(F) Phone Number: _____

(A) Complete Name: _____

(B) Years Acquainted: _____

(C) Their Address: _____

(D) Business Address: _____

(E) Occupation: _____

(F) Phone Number: _____

13. List the names and addresses of any of your immediate relatives (including in-laws) who are or have been members of the Danville Life Saving Crew.

(A) Name: _____ Relationship: _____

Address: _____

(B) Name: _____ Relationship: _____

Address: _____

(C) Name: _____ Relationship: _____

Address: _____

14. List the names of any friend or acquaintances who are members of the Danville Life Saving Crew.

(A) Name: _____ Length of Acquaintance: _____

(B) Name: _____ Length of Acquaintance: _____

(C) Name: _____ Length of Acquaintance: _____

(D) Name: _____ Length of Acquaintance: _____

15. Have you ever been arrested or charged by summons or otherwise with any law violations as an adult? If so, list incidents below. (*Do not include parking tickets*).

Date	Place	Charge	Disposition	Details

16. Would you consent to random drug testing? Yes No

17. Make/Model of your automobile:

18. Number of hour per week you can devote to The Crew:

19. Do you understand that this is a strictly volunteer organization? Yes No

20. Previous medical training:

CPR _____ EMT (Level) _____

EVOC _____ Vehicle Extraction _____

Other Certifications: _____

21. Before any person is selected for membership in the Danville Life Saving Crew, all statements made in this application are thoroughly investigated. In addition, a careful and complete investigation is conducted. You may use the space below to explain any irregularities that may be disclosed by our investigation.

22. Please state why you would like to become a member of the Danville Life Saving and First Aid Crew, Inc.

I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that this form is an application for membership into the Danville Life Saving and First Aid Crew, Inc. and the contents are held in strict confidence. I further understand that this application is intended to provide adequate background and reference information to the membership committee of the Danville Life Saving Crew. I also understand that this application must sit in the files for a minimum of thirty (30) days, even if declared opening exists.

Signature

Date

***After completing this form either mail to 202 Christopher Lane or
bring to the Business office in the Danville Area Training Center.***

Thank you for your interest
DLSC Membership Committee