**Application for Membership**



**DANVILLE LIFE SAVING & FIRST AID CREW, INC.**

202 Christopher Lane, Danville, VA 24541

434-792-2739 ext. 210

Sponsoring Member: Click here to enter text.

Date Filed: Click here to enter text.

***Please complete the following form and email copy to bfox@dlsc.org***

1. Full Name: Click here to enter text.

 Nick Name: Click here to enter text.

2. Date of Birth (00/00/00): Click here to enter text. SSN/ Click here to enter text.

3. Address: Click here to enter text.

4. Phone: (Home) Click here to enter text. (Work) Click here to enter text. (Cell) Click here to enter text.

5. Email: Click here to enter text.

6. Normal Working Hours: Click here to enter text.

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

 Dates From-To Street Address City State Zip

|  |  |
| --- | --- |
| Click | Click here to enter text. |
| Click | Click here to enter text. |
| Click | Click here to enter text. |
| Click | Click here to enter text. |
| Click | Click here to enter text. |

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

 Dates Company Address Phone Supervisor

|  |  |  |
| --- | --- | --- |
| Click | Click here to enter text. | Click |
| Click | Click here to enter text. | Click |
| Click | Click here to enter text. | Click |
| Click | Click here to enter text. | Click |
| Click | Click here to enter text. | Click |

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

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

(A) [ ] Yes [ ]  No

 (B) What State? Click here to enter text.

(C) License Number: Click here to enter text.

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? Click here to enter text.

 (C) Dates of Service: Click here to enter text.

 (D) Serial Number: Click here to enter text.

 (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? Click here to enter text.

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: Click here to enter text.

 (B) Years Acquainted: Click here to enter text.

 (C) Their Address: Click here to enter text.

 (D) Business Address: Click here to enter text.

 (E) Occupation: Click here to enter text.

 (F) Phone Number: Click here to enter text.

(A) Complete Name: Click here to enter text.

 (B) Years Acquainted: Click here to enter text.

 (C) Their Address: Click here to enter text.

 (D) Business Address: Click here to enter text.

 (E) Occupation: Click here to enter text.

 (F) Phone Number: Click here to enter text.

(A) Complete Name: Click here to enter text.

 (B) Years Acquainted: Click here to enter text.

 (C) Their Address: Click here to enter text.

 (D) Business Address: Click here to enter text.

 (E) Occupation: Click here to enter text.

 (F) Phone Number: Click here to enter text.

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: Click here to enter text. Relationship: Click here to enter text.

 Address: Click here to enter text.

(B) Name: Click here to enter text. Relationship: Click here to enter text.

 Address: Click here to enter text.

(C) Name: Click here to enter text. Relationship: Click here to enter text.

 Address: Click here to enter text.

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

 (A) Name: Click to enter text. Length of Acquaintance: Click here to enter text.

(B) Name: Click to enter text. Length of Acquaintance: Click here to enter text.

(C) Name: Click to enter text. Length of Acquaintance: Click here to enter text.

(D) Name: Click to enter text. Length of Acquaintance: Click here to enter text.

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

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| --- | --- | --- | --- | --- |
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16. Would you consent to random drug testing? [ ]  Yes [ ]  No

17. Make/Model of your automobile: Click here to enter text.

18. Number of hour per week you can devote to The Crew: Click here to enter text.

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

20. Previous medical training:

 CPR Click here to enter text. EMT (Level) Click here to enter text.

 EVOC Click here to enter text. Vehicle Extraction Click here to enter text.

 Other Certifications: Click here to enter text.

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.

Click here to enter text.

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

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.

Click here to enter text. Click here to enter text.

 Signature Date

***Thank you for your interest***

DLSC Membership Committee