

F.A.S.T. (First Aid Station Team) Application Form

Name: _____
 Last First M.I. Age (if under 18)

CONTACT INFORMATION

Home telephone _____ Business telephone _____

Address _____

City _____ State _____ Zip Code _____

Place of employment _____

Social Security Number _____

Driver's License Number _____ Driver's License State _____

What position(s) do you wish to apply for:

____ Coordinator (Make calls) ____ Station Leader/(EMT/RN) ____ Team Member(CPR First Aid)

What is your work hours _____

Besides work hours, what days and times are you ABSOLUTELY NOT available:

Would you be able to serve at the First Aid Station on holidays? ____ Yes ____ No

American Red Cross Certification(s): CPR – First Aid – or BLS/Professional CPR – ER Response

Completion Date: _____

Completion Date: _____

Other Related or Professional Training
Certificate/Licensure (LPN/RN/EMT/Other):

Expiration Date: _____

Expiration Date: _____

Have you worked at a First Aid Station before? ____ Yes ____ No In what capacity? _____

How often did you work? _____

Signature

Parent's Signature (if under 18)

Date