



Waverly Volunteer Fire/Rescue Department
Membership Application

Name: Shelby Miller

Date: 01/06/2025

Are you 18 years of age or older? (Circle one) YES or NO

Occupation: Respiratory Therapist

Do you live or work in Waverly? (Circle one) YES or NO

Email: _____

Previous Experience Involving Fire and Rescue

1) Department Name and Location: None

Date Started: _____

Date Ended: _____

Responsibilities while Serving: _____

Reason (s) for leaving: _____

2) Department Name and Location: _____

Date Started: _____

Date Ended: _____

Responsibilities while Serving: _____

Reason (s) for leaving: _____

(If needed please attach additional department details to your application)

Training

Please list course names, date completed, where taken and who instructor was. Please be able to present certificates if needed.

1. ACLS ~07/2024, BLS ~06/2024

2. NRP ~05/2023

3. PALS ~09/2023

(If needed please attach additional training details to your application)

Applicant Signature:

Shelby Miller

Date: 01-06-2025

Fire Chief Signature:

[Signature]

Date: 03-19-25

Emergency Services Coordinator Signature:

[Signature]

Date: 3/31/25

*****Administrative Use*****

Background Check:

☒ Passed

☐ Failed

Drug Screen:

☒ Passed

☐ Failed

Clerk Signature:

[Signature]

Date: 4/8/25