

# Elkin Rescue Squad, Inc.

*"Volunteering To Serve Since 1941"*

## Membership Application

*\*The Rescue Chief and/ or Memebership Committee of Elkin Emergency Rescue Squad, Inc. may verify all information and references on this application*

Date	Type of Membership (Check One)
	<input type="checkbox"/> Senior Member <input type="checkbox"/> Junior Member <input type="checkbox"/> Associate Member

### Applicant Information

Full Name:

Address:

City, State, Zip:

Phone:

Cell Phone:

Pager:

Personal Email:

Date of Birth:

Soc. Sec. #:

Driver's License #:

Driver's License State:

Driver's License Class:

Driver's License Expiration Date:

Marital Status:   ☐ Single   ☐ Married   ☐ Divorced   ☐ Widowed

Current Employment or Name of School:

Work Address:

City, State, Zip:

Work Phone:

Work Email:

## Educational Background

High School / Tech. School:

College / Vocational School:

Post Graduate:

Military Experience:

## Previous Fire / Rescue / Emergency Services Organization (ESO) Experience

Dept. Name:

Dates Served:

Rank:

Chief / Administrator's Name:

Phone:

Dept. Name:

Dates Served:

Rank:

Chief / Administrator's Name:

Phone:

Total years involved in ESO:

## Training / Certifications / Specialties (Fire, Rescue, EMS, etc.)

Check one of the boxes below, and then list all other certifications and training separate.

☐ No Credentials   ☐ Medical Responder   ☐ EMT   ☐ EMT-I   ☐ EMT-P

☐ Check here if you are currently enrolled in one of the above courses.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

### Health Information

Do you currently suffer from any health conditions that would restrict your activities as a rescue service or emergency provider?

☐ NO ☐ YES (Please explain below)

Do you suffer from any fears and/or phobias that would restrict your activities as a rescue service or emergency service provider?

☐ NO ☐ YES (Please explain below)

Name of Person to contact in case of an emergency:

Emergency Phone #:

Beneficiary [Relationship]:

### Background Investigation

Have you ever been convicted of a crime? ☐ NO ☐ YES (Please explain below)

In connection with my application for membership with Elkin Emergency Rescue Squad, Inc., I understand that an investigative inquiry on myself will be made including **criminal convictions, motor vehicle records, and other reports**. These reports will include information as to my character, work habits, performance and experience along with the reasons for termination of past employment from previous employers. Furthermore, I understand that you will be requesting information from various **federal, state, and other agencies** that maintain records concerning my past activities relating to my **driving, criminal, civil, education**, and other experiences. I furthermore understand that in connection with my application, Elkin Rescue Squad, Inc. will perform a drug test as part of my application process. I fully agree that a positive test result for any illegal or prohibited substances shall render this application null and void, the application process shall be terminated, and my membership application to Elkin Emergency Rescue Squad, Inc. shall automatically be denied. By my signature below, I hereby grant permission to Elkin Emergency Rescue Squad, Inc. to perform any background check deemed necessary by the membership committee. I further agree to submit to drug screening to be performed by Elkin Rescue Squad, Inc. in accordance with their Constitution and By-Laws.

Signature:

Date:

Witness:

Date:

## Personal References

Please list 3 personal references that are not directly related to you

Name:

Address:

Telephone:

Alternate Phone:

Name:

Address:

Telephone:

Alternate Phone:

Name:

Address:

Telephone:

Alternate Phone:

Do we have permission to contact the above references?

☐

YES

☐

NO

## Squad References

Please list, if any, 3 members of Elkin Rescue Squad who know you personally and can serve as in-house references.

1.

2.

3.

## Junior Member Use Only

By signing below in the designated space, **in the presence of a notary public**, I certify that all information contained in this application is true and accurate to the best of knowledge. Furthermore by signing below I grant my full permission for the above named applicant to apply as a junior member to Elkin Emergency Rescue Squad, Inc.

I understand that every effort will be made to prevent my minor child from being exposed to the extreme circumstances that are inherent in emergency services. Furthermore, I agree to hold harmless; Elkin Rescue Squad, Inc., its members, officers, board of directors, and agents, directly or indirectly for any incidents that my child may encounter while engaged in rescue service work or training, while acting on behalf of Elkin Emergency Rescue Squad, Inc. including but not limited to illness, dismemberment, and/or death.

Parent / Legal Guardian Signature:

Date:

### Applicant's Certification Statement

By signing below in the designated space, **in the presence of a notary public**, the applicant certifies that all information contained in this application is true and accurate to the best of their knowledge

If your application is approved, are you willing to abide by the Constitution and By-Laws of the Elkin Emergency Rescue Squad, Inc. ? ☐ Yes

Signature:

Date:

### Notary Public

County

North Carolina

I, \_\_\_\_\_, a Notary Public in and for said County and State do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

(Seal)

### Membership Committee Use Only

Background Check Results:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Date:	Chairman Initials
Drug Screening Results:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Date:	Chairman Initials
6 Month Probationary Period:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Date:	Chairman Initials
Full Membership:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Date:	Chairman Initials