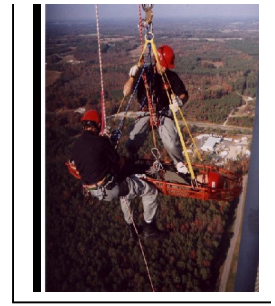


The REDS TEAM

P.O. Box 483
Garner, N.C. 27529



APPLICATION FOR MEMBERSHIP

The following application is for membership to the Rescue, Extrication, Delivery, Specialist, Inc. All blanks must be filled in and the application signed before it can be reviewed for acceptance.

Personal Information

NAME: _____
First Last Middle In. (please print clearly)

CURRENT ADDRESS: _____
Street Address

_____ City or Town State Zip Code

PHONE NUMBERS: _____ Home Work Pager

_____ Cell phone E-Mail Address

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

DOB: _____ SEX: M F MARITAL STATUS: _____

PAGER COMPANY: _____ (if applicable)

MEDICAL INSURANCE ? PROVIDER: _____

PERSONAL PHYSICIAN: _____ LAST VISIT: _____

Employer Information

PRESENT EMPLOYER: _____

_____ Employers Address

_____ Phone Number Supervisors Name

PRESENT POSITION: _____

YEARS @ PRESENT EMPLOYMENT: _____

Education, Certifications & Experience

HIGH SCHOOL ATTENDED: _____

DATE GRADUATED: _____ GED or EQUIVALENT: _____ DATE: _____

COMMUNITY COLLEGE ATTENDED: _____

YEARS ATTENDED: _____ DEGREE: _____ DATE: _____

UNIVERSITY ATTENDED: _____

YEARS ATTENDED: _____ DEGREE: _____ DATE: _____

OTHER SCHOOLS ATTENDED: _____

First Responder Certified; _____ EMT Certified: _____ ERT Certified: _____ FF 1 Certified _____

FF 2 Certified: _____ Hazmat Certified: _____ Emergency Operations Certified: _____ SCUBA Certified: _____

OTHER CERTIFICATIONS: _____

Search Experience: _____ K-9 Experience: _____ Dive Experience: _____

Confined Space Experience: _____ Rope Rescue Experience: _____

Swiftwater Experience: _____ Collapse Experience: _____ Boat Handling: _____

Can you Swim? _____ At what level? _____

Are you afraid of heights? _____ Are you claustrophobic or afraid of tight places? _____ Have you ever used a SCBA? _____

Criminal and Driving Record

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE? Yes: _____ No: _____

If yes please list details on another sheet and attach with this application.

HAVE YOU EVER BEEN CHARGED WITH A TRAFFIC VIOLATION? Yes: _____ No: _____

List all violations within the last 10 years: _____

Have you ever had you license revoked for any reason? Yes: _____ No: _____

Have you ever had a DWI or drug related charge? Yes; _____ No: _____

Do you ever use recreational drugs? Yes: _____ No: _____

Would you be willing to submit to a random drug test if you are accepted on the Team? Yes: _____ No: _____

A copy of your current drivers license and social security card must be submitted before acceptance of this application.

Medical History

Please check if you have had problems with any of the following :

Yes	No		Explanation
_____	_____	Back pain or back trouble	_____
_____	_____	Eye problems or vision problems	_____
_____	_____	Hearing problems or deficits	_____
_____	_____	Chronic headaches	_____
_____	_____	Seizures or epilepsy	_____
_____	_____	Asthma or bronchitis	_____
_____	_____	Other respiratory problems	_____
_____	_____	Chest pains or heart problems	_____
_____	_____	High blood pressure	_____
_____	_____	Diabetes	_____
_____	_____	Allergies	_____
_____	_____	Are you currently under a physicians care?	_____
_____	_____	Are you currently on any medications?	_____
_____	_____	Have you ever been hospitalized?	_____
_____	_____	Do you have any conditions that would prevent you from performing physical demanding rescue work in stressful conditions?	_____
_____	_____	Are your vaccinations current?	A copy of your shot records must be submitted before acceptance.
_____	_____	Is your tetnus shot current?	Date of last shot. _____

If your are applying to the technical division you will be subject to a respiratory fit test and a base line medical check performed by the Team. This also involves a stress test and the possibility of a physical agility test.

Personal References

Please list three personal references that can be contacted below with complete information. These references can not be family or current members of the Reds Team.

Name: _____ Address: _____
Phone: _____ E-Mail _____

Name: _____ Address: _____
Phone: _____ E-Mail _____

Name: _____ Address: _____
Phone: _____ E-Mail _____

Please attach a complete resume to include all training and experience with this application. A copy of all related certifications, certificates, training, etc, should also be submitted. A copy of your shot records, drivers license and social security card should also be attached. A letter of intent on why you would like to be part of the Reds Team should be attached.

I certify that all the information contained in this application is true and correct to the best of my knowledge and that any omissions or untrue statements can result in disqualification or disapproval. I also agree that my driving record and criminal record can be researched by the Reds Team and I may be asked to submit a copy of my driving record and criminal record before acceptance to membership.

This the _____ day of _____, 20 ____.

Signature