



ALLEGHANY COUNTY RESCUE SQUAD



*** APPLICATION FOR MEMBERSHIP ***

LEGAL NAME: _____

PREFER TO BE CALLED: _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

PERMANENT HOME ADDRESS:

HOW LONG HAVE YOU BEEN A RESIDENT OF Alleghany County _____

Cell PHONE NUMBER _____

HOME TELEPHONE: _____

E-MAIL ADDRESS: _____

ARE YOU 18 OR MORE YEARS OF AGE? ____ YES ____ NO

DO YOU HAVE A VALID NC DRIVERS LICENSE? ____ YES ____ NO

TYPE OF CERTIFICATION HELD: _____

EXPIRATION DATE: _____

*PLEASE LIST ANY EMS/RESCUE/FIRE RELATED SKILLS, CERTIFICATION, OR PROFESSIONAL MEMBERSHIPS THAT YOU HAVE:

HAVE YOU EVER BEEN AN APPLICANT TO OR MEMBER OF ANY FIRE OR RESCUE AGENCY? _____ YES _____ NO

IF SO, PLEASE STATE AGENCY NAME(S), LOCATION(S), AND DATE(S) OF APPLICATION AND/OR MEMBERSHIP: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? _____ YES _____ NO

LIST ANY CRIMINAL CHARGES THAT HAVE BEEN BROUGHT AGAINST YOU, EXCEPT THOSE THAT HAVE RESULTED IN A FINDING OF NOT GUILTY OR A COMPLETE DISMISSAL. _____

OTHER TRAINING OR DEGREES:

SCHOOL: _____

REFERENCES:

Name

Address

Phone #

1. _____

2. _____

3. _____

***** PLEASE INCLUDE A COPIES OF ANY CERTIFICATIONS AND A COPY OF YOUR NC DRIVERS LICENSE WITH YOUR APPLICATION.**

SIGNATURE _____ **DATE** _____

To be completed by membership committee.

Date the applicant met with committee. ____/____/____

Committee Members Present: _____

Contacted References – Provide Date and Comments

1. _____

2. _____

3. _____

Committee Comments / Recommendation

