

**JUNIOR MEMBER APPLICATION
ALLEGHANY COUNTY RESCUE SQUAD
SPARTA, NC**



FULL NAME: _____

PREFERRED NAME: _____

DATE OF BIRTH: _____

GENDER (OPTIONAL): _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

HOME STREET ADDRESS: _____

CITY, STATE _____ ZIP CODE _____

HOW LONG HAVE YOU LIVED IN Alleghany County? _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME AND # (1): _____

PARENT/GUARDIAN NAME AND # (2): _____

**** TO BE CONTACTED IN CASE OF AN EMERGENCY**

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

*IF SO, **PLEASE INCLUDE A COPY (FRONT AND BACK)*

DO YOU HAVE ANY CERTIFICATIONS? (EXAMPLES WOULD INCLUDE: (CNA, CPR, ETC.)

***PLEASE INCLUDE COPIES*

HAVE YOU EVER BEEN AN APPLICANT TO OR JUNIOR 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

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IF ANY, PLEASE LIST CRIMINAL CHARGES AGAINST YOU.

IF YOU CURRENTLY ATTEND SCHOOL, WHICH ONE? _____

YEAR IN SCHOOL: _____

WHAT ARE YOU INTERESTED IN CONCERNING ALLEGHANY COUNTY RESCUE SQUAD?
(EXAMPLES: MEDICAL TRAINING, DIVING, ROPES, WILDERNESS SEARCH AND RESCUE, ETC.)

HOW DID YOU HEAR ABOUT ACRS? _____

REFERENCES: (PREFERABLY TWO NON-FAMILY MEMBERS. THIS CAN BE A TEACHER, FAMILY FRIEND, COACH, ETC.)

	NAME	ADDRESS (optional)	PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SIGNATURE: _____ DATE _____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____