



MEMBERSHIP APPLICATION

APPLICATION FOR: FIRE AMBULANCE BOTH *JUNIOR (AGES 14 TO 17)
(Application Fee/Dues \$1.00)

PERSONAL DATA:

Name: (Last) (First) (Middle)
Address: (Street) (City) (State) (Zip)
Phone: Work: Cell: Email:
Date of Birth: Height: Weight:
Occupation: Social Security Number:
Employer:
Address: (Street) (City) (State) (Zip)

DRIVER QUALIFICATIONS:

State of Issuance: License Number:
Expiration Date: Class: Restrictions:
Has your driver's license, permit or privilege to operate a motor vehicle been suspended or revoked during the past 3 years?
Yes No
Have you ever been **arrested** and/or **convicted** of a criminal or motor vehicle violation(s)? Yes No
If yes to either question, please explain: (use separate sheet if necessary)

(This information will be used to investigate your driving record for the preceding three (3) years.)

Experience:

Have you ever been a member of a fire department, rescue squad or similar organization? Yes No
Name of Organization:
Address: (Street) (City) (State) (Zip)
Position(s) held:
Reason for Leaving:
Have you ever applied to Back Mountain Regional Fire and EMS, Inc. before? Yes No
Reason for Leaving?

Do you have any physical limitations or fears? (hearing, vision, speech, heights, enclosed places, etc.)

Emergency contact information:

Person to notify in case of emergency:
Address: (Street) (City) (State) (Zip)
Phone: Work: Cell:
Relationship to you:

Certifications:

First Responder EMT Paramedic Emergency Vehicle Operator Haz-Mat R&I Haz-Mat Ops
Haz-Mat Tech Essentials of Firefighting Firefighter 1 Firefighter 2 Pump Ops 1 Pump Ops 2
Basic Vehicle Rescue Rescue Technician PA130 PA190
 other:



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References:

Name: _____ Relationship: _____
Address: (Street) _____
(City) _____ (State) _____ (Zip) _____

Name: _____ Relationship: _____
Address: (Street) _____
(City) _____ (State) _____ (Zip) _____

Name: _____ Relationship: _____
Address: (Street) _____
(City) _____ (State) _____ (Zip) _____

DECLARATION

The information on this application is accurate and subject to verification by Back Mountain Regional Fire and EMS, Inc. I understand the furnishing of any misleading or incorrect information may result in termination of my membership. I hereby give permission to Back Mountain Regional Fire and EMS, Inc. or its duly authorized representative to contact any persons, companies or educational institutions name in this application. I agree that I will not disclose or use in connection with my association with Back Mountain Regional Fire and EMS, Inc. any confidential or proprietary information. I understand that my membership with Back Mountain Regional Fire and EMS, Inc. is at will and that such membership may be terminated at any time by myself or Back Mountain Regional Fire and EMS, Inc. I further agree to abide by all By-Laws, Rules and Regulations as set forth governing membership in Back Mountain Regional Fire and EMS, Inc. I do certify that this application was completed by me and that all entries and information contained therein are true and complete to the best of my knowledge.

Electronic Signature of Applicant _____ Date _____

Electronic Signature of Parent/Guardian (Junior Membership Only) _____ Date _____

(Department use only)

Application Presented by: _____ Date: _____

Interview Conducted by: _____ Date: _____

_____ Date: _____

_____ Date: _____

Date Application Approved: _____

Comments:

