NC

Official Document

**Application for Membership**

# PERSONAL:

Name:                                SS#       -      -

Address:       City:        State:     Zip:

Home Phone: (     )-     -      Cell Phone: (     )-       -

Email:
DOB:      /     /     Years at current address:      Years in state:

Place of Birth:

Previous Address:      City:        State:    Zip:

Driver’s License Number:        Date License Issued:   /   /

Date License Expires:   /   /      Total points against your license:

Has your license ever been suspended: [ ] Yes [ ]  No

Have you had any accidents in the past four years: [ ] Yes [ ]  No

Have you ever driven a truck or ambulance before: [ ] Yes [ ]  No

 Have you ever been convicted of a crime before: [ ] Yes [ ]  No

If yes, explain:

Have you ever been bonded: [ ] Yes [ ]  No Have you ever refused bond: [ ] Yes [ ]  No

Have you ever been summoned for any violations, including traffic violations: [ ] Yes [ ]  No

**EDUCATION:**

Official Document

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE** | **NAMD AND LOCATION** | **YEARS ATTENDED** | **COURSE OF STUDY** |
| **ELEMENTARY** |                                    |                  |                  |
| **HIGH SCHOOL** |                                    |                  |                  |
| **COLLEGE** |                                    |                  |                  |
| **OTHER/TRADE** |                                    |                  |                  |

Do you have any special qualifications or technical training:

Do you have any hobbies or special interests:

# EMPLOYMENT:

Are you currently employed: [ ] Yes [ ]  No Occupation:

Present or past employer:

Address:                                          Phone: (     )     -      Immediate Supervisor:                    Dates:          -

Past employer:                          Occupation:

Address:                                          Phone: (     )     -      Immediate Supervisor:                    Dates:          -

Past employer:                          Occupation:

Address:                                          Phone: (     )     -      Immediate Supervisor:                    Dates:          -

#  SQUAD:

Official Document

Do you have any training related to the medical field:     If so, list below:

|  |  |  |
| --- | --- | --- |
| **CERTIFICATION TYPE/NUMBER** | **EXPIRES** | **LOCATION OF TRAINING** |
|                            |               |                           |
|                            |               |                           |
|                            |               |                           |
|                            |               |                           |

When are you available for squad duty and activities:

Sun:[ ]  Mon: [ ]  Tues: [ ]  Wed: [ ]  Thurs: [ ]  Fri: [ ]  Sat: [ ]

 Daytime:[ ]  Evening/Night Time: [ ]

 List other organizations you belong to:

Have you ever been a member of a first aid or rescue squad before: [ ] Yes [ ]  No If yes, which one:

Have you ever been denied membership or terminated from an organization: [ ] Yes [ ] No

 If yes, please describe circumstances:

List three references other then relatives:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **PHONE** | **OCCUPATION** |
|                     |                     |                |                |
|                     |                     |                |                |
|                     |                     |                |                |

# PERSONAL AND PHYSICAL INFORMATION:

Age:       Height:      Weight:      Marital Status:

Do you have any psychological or physical disabilities:

Do you have any reoccurring back pain? [ ]  Yes [ ]  No

Do you use alcohol or drugs on a regular basis? [ ]  Yes [ ]  N

#  APPLICANT’S DECLARATION

Official Document

If acceptance is obtained under this application, I agree to comply with the orders, rules and regulations, and the Standard Operating Procedures (SOP) of this organization. I further agree to submit to physical examination. The answers to the foregoing are in my handwriting and are true to the best of my knowledge and belief. It is understood that any false statement of this application is sufficient ground for rejection or dismissal.

Signature:

 Date:

Official Document

LINE OFFICER USE ONLY

Application received date: / / First Interview date: / /

Police recommendation received date: / / Second interview date: / /

Coordinator comments:

 Signature:

Captain comments:

 Signature:

Lieutenant comments:

 Signature:

Date of Probation: / /

Date of Active Membership: / /

Five Year: / /

Ten Year: / /