

VANCEBORO RESCUE SQUAD

PO Box 439
Vanceboro, NC 28586

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name _____ Soc. Sec. _____
(Last) (First) (Middle)

Street Address _____ Mailing Address _____

City, State, Zip _____ City, State, Zip _____

North Carolina Driver's License # _____ Expires _____

Home Phone # (____) _____ Pager or Cell Phone # (____) _____

Employer _____ Supervisor _____

May we contact this employer? **YES** or **NO** Phone # (____) _____

1. Are you currently certified as a MR, EMT, EMT-I, or EMT-P? _____ (If **NO**, answer #2)
If **YES**: Indicate Level _____ State or National _____ Expiration date _____
(All applicants must be at least certified as a Medical Responder or above. If not, you are not eligible for Associate Membership).

2. What E.M.S., First Responder organization(s) or Fire Department(s) are you currently a member of?
(Note: all Associate Membership applicants must be currently affiliated with an E.M.S., First Responder organization or Fire Department in Craven County or an adjacent county **in good standing**. A letter of recommendation from the Chief or Captain of one of these organizations must accompany this application. If a letter of recommendation is not attached this application will not be considered).

3. List any additional medical or rescue training you have completed, list type and dates.

4. Have you ever been convicted of any traffic violation(s)? **YES** or **NO**. If yes, list the date(s), conviction(s), and the disposition(s).

<u>Date</u>	<u>Conviction</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Have you ever been convicted of a felony or misdemeanor? **YES** or **NO** If **YES**, list the date(s), conviction(s), and the disposition(s).

<u>Date</u>	<u>Conviction</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please acknowledge the following. (If **NO** give reason.)

- A. I will perform at least 12 hours of duty per month. **YES** or **NO** _____
 - B. I will abide by the Constitution and By-Laws of the Squad. **YES** or **NO** _____
 - C. I will abide by the laws of North Carolina. **YES** or **NO** _____
 - D. I will participate in fundraising events, training drills. **YES** or **NO** _____
 - E. I will keep my training current, and provide proof of same on a monthly basis. **YES** or **NO** _____
6. Do you know any members of Vanceboro Rescue Squad? **YES** or **NO** If **YES**, list them:

IMPORTANT!! READ CAREFULLY

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFYING ANY INFORMATION IS GROUNDS FOR DENIAL OR TERMINATION OF MEMBERSHIP AT ANYTIME. I UNDERSTAND THAT DMV, CRIMINAL, AND EMPLOYMENT CHECKS CAN AND WILL BE USED BY THE PERSONNEL COMMITTEE IN MAKING THEIR RECOMMENDATION OF ACCEPTANCE OR DENIAL OF THIS APPLICATION FOR MEMBERSHIP. MY SIGNATURE HEREBY AUTHORIZES ALL INDIVIDUALS AND ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION AND ANY LAW ENFORCEMENT AGENCY TO GIVE VANCEBORO RESCUE SQUAD ALL INFORMATION RELATIVE TO SUCH VERIFICATION. I ALSO UNDERSTAND THAT VANCEBORO RESCUE SQUAD MAY USE A "THIRD PARTY" TO OBTAIN INFORMATION RELATIVE TO THIS APPLICATION.

(Signature of Applicant)

(Date)

For Squad Use Only

Date application was read to squad or posted, and presented to Personnel Committee. _____

Personnel Committee

After investigation by us the Personnel Committee we verify that all the information is **CORRECT / NOT CORRECT**. We further make the following recommendation. **ACCEPT** or **DENY**

Chairman of Personnel Committee _____
(Signature)

Date application voted on by squad _____

Squad's decision on application. **ACCEPT** or **DENY**

President _____
(signature)