



North Mecklenburg Volunteer Rescue Squad

Membership Application

Last Name:	First Name:
Middle Name:	Social Security #: - -
Birth Date:	Home Phone: - -
Current Address:	

Are you a North Carolina EMT? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	Do you have a VALID Driver's License?? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your certification level?	If so, What State? _____ Driver's License #: _____
What is the expiration date?	Issue Date: _____ Expiration Date: _____ Class: _____ Restrictions: _____
Have you ever been certified as an EMT in another state? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, Where?:	Has your License ever been REVOKED for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/>

How many points do you have on your license?
List any moving violations (speeding tickets, wreckless driving, etc...):

Employer:
Address:
How long have you been employed with this company?
Phone Number:
Supervisor:
Job Description:

Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other
Spouse, if applicable:
Children, if applicable:

Have you ever been arrested/charged with a FELONY?? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, when and why:
Were you convicted? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Have you ever been arrested/charged with a Misdemeanor?? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, when and why:
Were you convicted? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

List any Training that you have related to Rescue/EMS:

Have you ever been a member of an EMS provider, Rescue Squad, or Fire Department? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, List the Name of the Department, Address, Chief Officer, Phone Number and how long you were a member:

Please List a minimum of 3 references that are not related to you.	
Name:	Relation:
Address:	
Phone Number:	
How long have you known this person?	
Name:	Relation:
Address:	
Phone Number:	
How long have you known this person?	
Name:	Relation:
Address:	
Phone Number:	
How long have you known this person?	

Email Address:

By signing below I am stating that, to the best of my knowledge, the information furnished in this application is complete, true, and correct. I am also hereby giving consent for the North Mecklenburg Volunteer Rescue Squad, Inc. to investigate my criminal background prior to and while a member of this organization.

Applicant Signature (full name): _____

Applicant Printed Name: _____

Date: _____

Office Use Only:

Received by _____

First meeting _____

Second Meeting _____

Date removed from probation _____

Badge# - Radio Id# _____

Input in Computer By: _____ **Date:** _____