

Vanceboro Rescue Squad

PO Box 439
Vanceboro Rescue Squad
252-244-0017

Application for Membership

☐ Regular Membership
3 Shifts a Month

☐ Regular Membership
1 Shifts a Month

Name: _____ DL # _____ State: _____
(Last) (First) (MI)

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Employer: _____ May we contact this employer? **Yes No**

Supervisor: _____ Phone: _____

1. Do you currently hold an EMS certification? **Yes No** Level : _____ State: _____

2. Are you currently enrolled in a certification class? **Yes No**

Where? _____ Projected completion date: _____

3. If you ever been a volunteer or employee of a rescue squad/fire department please list the Chief or Captain's contact information below? Name, email, or phone number.

4. Have you ever been convicted of a traffic violation? **Yes No** (If yes complete below)

5. Have you ever been convicted of a misdemeanor, or felony? **Yes No** (If yes complete below)

<u>Date</u>	<u>Conviction</u>	<u>Disposition</u>
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6. I will abide by the constitution and bylaws of Vanceboro Rescue Squad? **Yes No**

7. I will perform assigned duty as assigned? **Yes No**

8. I will attend business? **Yes No**

9. I will attend training, drills, and fundraising events? **Yes No**

Important ... READ CAREFULLY

I certify that all the information on this application is true and correct. I understand any falsifying of information will be grounds for denial or termination of membership at anyu time. I agree by signing this application, I given permission for Vanceboro Rescue Squad to perform any background checks. This may bve used by the Personnall Committee for thier recdomendation fo racceptance or denial of membership. I understand a third party may be used to obtain information related to my membership with Vanceboro Rescue Squad.

(Signature of Applicant)

(Date)

Optional Information Will Not Be Used to Determine Membership

SSN:_____

BOD:_____

For Squad Use Only

Date(s) contact attempted?_____

The Personnel Committee found the information in this application to be correct? **Yes No**

We recommend that the applicant be **Accepted Denied**

Chairman of the Personnel Committee _____
(Signature) (Date)

The decision of the squad on this membership was? **ACCEPT** or **DENY**

I varify that the above information is accurate _____
(Signature) (Date)

New member notified by _____
(Signature) (Date)

- | | |
|--|---|
| <input type="checkbox"/> Entered into ePro | <input type="checkbox"/> Beneficiary Form completed |
| <input type="checkbox"/> ESO entry sent | <input type="checkbox"/> Brotherhood Form completed |
| <input type="checkbox"/> Active 911 added | <input type="checkbox"/> Autopsy Form completed |
| <input type="checkbox"/> Entry in NC Rescue & EMS System completed | <input type="checkbox"/> Added to State Roster |