

Vanceboro Rescue Squad

PO Box 439
Vanceboro, NC 28586

Application for Membership

Regular Membership

Associate Membership

Name: _____ #: _____ State: _____
(Last) (First) (Middle) (Drivers License)

Address _____ City _____ State _____

Phone _____ Secondary Phone _____ Email _____

Employer _____ May we contact this employer? Yes or No

Supervisor _____ Phone _____

1. Do you currently hold an EMS certification? Yes or No If yes Level _____ State _____

2. Are you currently enrolled in a class to obtain a certification? Yes or No

Where _____ Projected completion date _____

3. Have you ever been a volunteer or employee of a rescue squad, fire department? Yes or No
(If yes list name of organization chief or captain and contact phone number or email.)

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

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

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

6. I will abide by the constitution and bylaws of Vanceboro Rescue Squad? Yes or No _____

7. I will perform assigned duty on a rotating shift? Yes or No _____

7a. Associate members will perform 12 hours of duty a month? Yes or No _____

8. I will attend business meetings? Yes or No _____

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

Important Read Carefully

I certify that all the information on this application is true and correct. I understand that falsifying any information will be grounds for denial or termination of membership at any time. I agree that by signing this application I give permission for Vanceboro Rescue Squad or any committee to perform DMV, Criminal and employment checks. These can and will be used by the personnel for their recommendation for acceptance or denial for membership. I also understand that a third party may be used to obtain information relative to this information.

(Signature of Applicant)

(Date)

For Squad Use Only

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

Personnel Committee

Date(s) contact attempted? _____

After investigation by us the Personnel Committee we verify the information is _____

(CORRECT / INCORRECT)

We recommend that the application be **Accepted / Denied / Withdrawn** _____

Chairperson of the Personnel Committee _____

(Signature)

(Date)

Date Voted on by Vanceboro Rescue Squad _____

(President Signature)

(Date)

Vanceboro Rescue Squad's membership decision on application? **ACCEPT** or **DENY**

New Member notified by _____

(Signature)

(Date)

- Entry into ePro Completed
- Brotherhood form Completed
- Beneficiary form Completed

- Entry into NC Rescue & EMS system Completed
- Autopsy form Completed
- Added to State Roster Completed

DOB _____

SSN _____