

APPLICATION FOR MEMBERSHIP IN NORTH BERWICK RESCUE SQUAD

EMT _____ **Driver** _____

Date of application _____

Full Name _____

Physical Address _____

Mailing Address (if different then above) _____

Phone # _____

Cell phone # _____

Email Address _____

Date of Birth _____ **Social Security #** _____

Sex Male _____ Female _____

Incase of emergency notify:

Name _____

Address _____

Telephone _____

Are you a legal resident of North Berwick? Yes _____ **No** _____ **If no, where is your legal residency?** _____

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Are you employed? Yes _____ **No** _____

Where _____

Work Hours _____

Do you have any disease or disorder which would inhibit your performance as a rescue member, endanger the health of fellow members, or endanger the health of patients? Yes _____ **No** _____ **If yes, explain** _____

	School Name and Address	Dates Attended	Type of Degree Date Received
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Elementary			
Jr. High			
High School			
College			

Previous training/ qualifications (No experience is necessary)

EMT _____ **License #** _____ **Expires** _____

First Aid _____ **CPR** _____

Are you willing to obtain training? Yes ___ **No** ___ **If yes will you show intent to obtain minimum state license standards and be enrolled in a licensed program within a three month period if possible? Yes** ___ **No** ___

Are you affiliated with another rescue service? Yes ___ **No** ___ **If yes, where** _____

References

Name _____ **Address** _____ **Phone#** _____

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Name _____ **Address** _____ **Phone#** _____

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Do you grant North Berwick Rescue Squad the right to perform a driver's license check and criminal history check through the confidentiality of the North Berwick Police Department? Yes ___ **No** ___

List all states in which you have a valid driver's license

Give the state and license number of your current drivers' license _____

List all previous addresses

Is your right to drive suspended in any state? Yes ___ No ___ If yes,
Where _____ When _____ Reason _____

Do you currently have any convictions pending against you? Yes ___ No ___
If yes, please list the date and place of the offense, charge, and disposition.

Date	Court Address (City, State)	Charge	Disposition

List all traffic violations within a 5 year period

Please provide copies of all certifications and licenses. Also please provide copies of your last PPD and Hepatitis B vaccination. If you do not have these, they will be provided by NBRS

Please write a short paragraph telling us why you want to join North Berwick Rescue:

Any Additional Comments:

I have answered all questions on this sheet truthfully to the best of my knowledge.

Signature _____ Date _____

OFFICE USE ONLY

Accept _____ **Deny** _____ **Date** _____
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