

APPLICATION FOR MEMEBERSHIP - SHELL ROCK FIRST RESPONDERS

NAME _____

ADDRESS _____

PHONE NUMBER _____

CELL NUMBER _____

DRIVERS LICENSE NUMBER _____

EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____

I REALIZE THAT IF (APPLICANT) _____ IS ACCEPTED FOR MEMBERSHIP IN THE SHELL ROCK FIRST RESPONDERS, HE/SHE WILL BE GIVING PART OF HIS/HER TIME TO PUBLIC SERVICE. I FURTHER REALIZE THAT GIVING SOME FORM OF PUBLIC SERVICE IS THE DUTY OF EVERY CITIZEN, AND HEREBY GIVE MY CONSENT TO THIS APPLICATION.

SIGNATURE _____ DATE _____

(EMPLOYER)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

DO YOU HAVE ANY EXPERIENCE?

CPR _____ EXP. DATE _____

FIRST RESPONDER CERT. # _____ EXP. DATE _____

EMT CERT. # _____ EXP. DATE _____

RN LICENSE # _____ EXP. DATE _____

AS A MEMBER OF THE SHELL ROCK FIRST RESPONDERS, YOU WILL BE REQUIRED TO GIVE FREELY OF YOUR TIME, TO ATTEND MEETINGS, TRAINING, WORK ON COMMITTEES AND TAKE A PHYSICAL IF SO REQUIRED.

APPLICANT'S SIGNATURE _____ DATE _____

WE, THE UNDERSIGNED, HAVING INTERVIEWED THE APPLICANT, RECOMMEND MEMBERSHIP.

INTERVIEW

CHAIRPERSON _____ DATE _____

2) _____ DATE _____

3) _____ DATE _____