

**APPLICATION FOR MEMBERSHIP - SHELL ROCK 1<sup>ST</sup> RESPONDERS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PH# \_\_\_\_\_

DRIVERS LICENSE: \_\_\_\_\_ EXP. DATE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PH.# \_\_\_\_\_

EMAIL: \_\_\_\_\_

I REALIZE THAT IF (APPLICANT) \_\_\_\_\_ IS ACCEPTED FOR MEMBERSHIP IN THE SHELL ROCK 1<sup>ST</sup> 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 I HERE BY GIVE MY CONCSENT TO THIS APPLCATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(EMPLOYER)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

DUE YOU HAVE ANY EXPERIENCE?

CPR Y/N: \_\_\_\_\_ EXP. DATE \_\_\_\_\_

1<sup>ST</sup> RESPONDER CERT.# \_\_\_\_\_ EXP.DATE \_\_\_\_\_

EMT CERT.# \_\_\_\_\_ EXP.DATE \_\_\_\_\_

AEMT CERT.# \_\_\_\_\_ EXP.DATE \_\_\_\_\_

RN LICENSE# \_\_\_\_\_ EPR.DATE \_\_\_\_\_

AS A MEMBER OF THE SHELL ROCK 1<sup>ST</sup> 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.

CHAIRMAN: \_\_\_\_\_ DATE: \_\_\_\_\_

2) \_\_\_\_\_ DATE: \_\_\_\_\_

3) \_\_\_\_\_ DATE: \_\_\_\_\_

