

# Emergency Responder Membership Application

## Personal Information

Martial Status: Single Married Divorced Separated Number of dependents \_\_\_\_\_

Are you currently a member of any other volunteer organization? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed from a job or other volunteer organization? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical disabilities/limitations? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any sight impairments not corrected by glasses? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any back/spinal problems? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you currently under a doctor's care? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescription medication? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated, or taken medication, for a mental disorder of any type? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any unpaid traffic tickets? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with Driving Under the Influence (DUI)? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you addicted to drugs or alcohol? Yes No

Are you willing to submit to a drug screening at Rescue Squad expense? Yes No

By my signature below, I attest that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Support Membership Application

### Personal Information

Martial Status: Single Married Divorced Separated Number of dependents \_\_\_\_\_

Are you currently a member of any other volunteer organization? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed from a job or other volunteer organization? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical disabilities/limitations? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any sight impairments not corrected by glasses? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any back/spinal problems? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you currently under a doctor's care? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescription medication? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated, or taken medication, for a mental disorder of any type? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any unpaid traffic tickets? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with Driving Under the Influence (DUI)? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you addicted to drugs or alcohol? Yes No

Are you willing to submit to a drug screening at Rescue Squad expense? Yes No

By my signature below, I attest that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_