

Anderson County Rescue Squad

145 J.D. Yarnell Industrial Parkway
Clinton, TN 37716

Phone: 865/457-7121
Fax: 865/457-8404

Emergency Responder Membership Application

Name: _____

Address: _____

Telephone: (H) _____ (W) _____ (Pager) _____ (Cell Phone) _____

Birthdate _____ E-Mail Address _____

Tennessee Driver's License: DL# _____ Expiration _____

Employer: _____ Supervisor & Phone _____

Address _____
City _____ Work Hours _____ to _____

I can volunteer: ___ Weekdays ___ Evenings ___ Weekends

I am available for: ___ Monthly Business Meetings (1st Monday of each month, 6:30 p.m.)
___ Training (usually 2nd Monday 6:30 p.m. and 4th Saturday morning each month)

I currently hold: ___ CPR Certification Expiration Date _____
___ First Responder Certification Expiration Date _____
___ Extrication Certification Expiration Date _____
___ Dive Certification Expiration Date _____
___ Other _____ Expiration Date _____

Previous emergency services experience: _____

Personal References:

Name	_____	Name	_____
Address	_____	Address	_____
City/State	_____	City/State	_____
Phone	_____	Phone	_____
Relationship	_____	Relationship	_____

**** A 60 day probationary period is effective PRIOR to formal membership vote. This is for Squad and prospective member orientation.

**** Your signature below authorizes Anderson County Rescue Squad to request and obtain driving and criminal record information from the appropriate law enforcement agencies.

Signature: _____ Date: _____

Please complete the reverse side and attach:

Copy of valid Tennessee driver's license and proof of vehicle insurance.

Copies of certificates, military service forms, etc. to document current certifications, licenses held, and training completed.

Emergency Contact Information form.

For Department Use Only:

Date Eligible as Active Member _____ Date Voted Active _____
Date Became Inactive Member _____ Reason _____
Date Equipment Returned _____