

# Anderson County Rescue Squad

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

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

## Support 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 \_\_\_\_\_

I can volunteer: \_\_\_ Weekdays  
\_\_\_ Evenings  
\_\_\_ Weekends

### Personal References:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

I would like to contribute the following skills and talents to help the Rescue Squad as a support member. (Please check as many as apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Secretarial skills             | <input type="checkbox"/> Speaking to school children           |
| <input type="checkbox"/> Bookkeeping skills             | <input type="checkbox"/> Organizing special fundraising events |
| <input type="checkbox"/> Still or video photography     | <input type="checkbox"/> Soliciting contributions              |
| <input type="checkbox"/> Writing                        | <input type="checkbox"/> Recruiting volunteers                 |
| <input type="checkbox"/> Designing/art                  | <input type="checkbox"/> Maintaining buildings & grounds       |
| <input type="checkbox"/> Producing audiovisual material | <input type="checkbox"/> Maintaining trucks                    |
| <input type="checkbox"/> Speaking to civic groups       | <input type="checkbox"/> Website updates                       |
| <input type="checkbox"/> Other (please describe) _____  |  |

I have had the following experience in the skills/talents checked above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\* 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.  
Emergency Contact Information form.

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### For Department Use Only:

Date Eligible as Active Member \_\_\_\_\_ Date Voted Active \_\_\_\_\_  
Date Became Inactive Member \_\_\_\_\_ Reason \_\_\_\_\_  
Date Equipment Returned \_\_\_\_\_