

APPLICATION FOR MEMBERSHIP - SHELL ROCK 1ST 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 1ST 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 CONSENT TO THIS APPLICATION.

SIGNATURE: _____ DATE: _____
(EMPLOYER)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

DUE YOU HAVE ANY EXPERIENCE?

CPR Y/N: _____ EXP. DATE _____

1ST RESPONDER CERT.# _____ EXP.DATE _____

EMT CERT.# _____ EXP.DATE _____

AEMT CERT.# _____ EXP.DATE _____

RN LICENSE# _____ EPR.DATE _____

AS A MEMBER OF THE SHELL ROCK 1ST 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: _____