



Gates County Rescue Squad

016 Hwy 158 East Gatesville, NC 27928

Membership Application

PERSONAL INFORMATION

NAME (First, MI):		Last:	
DOB (MM/DD/YY):	AGE:	EMAIL:	
MAILING ADDRESS:			
PHONE NUMBER: Home:		Work:	Cell:

EMERGENCY CONTACT INFORMATION

NAME:	PHONE NUMBER:
ADDRESS:	RELATIONSHIP:

Please list/describe any medical conditions (including medications) which may prevent or impair your ability to perform various tasks as a member of GCRS or that we should be aware of in case of an emergency:

EDUCATION AND TRAINING

	Name/Location	Dates	Field of Study/Diploma/Degree
High School/GED			
College			
Graduate School			
Technical			
Other			

CERTIFICATION INFORMATION

Certifications or Licenses Held (CPR, RT, EMT, EVD, RN, MD)	Date Issued – Date Expires	State Issued From
1.		
2.		
3.		
4.		

Please list/describe any special certifications, skills, or previous emergency experience that you have or extracurricular activities that you do that are relevant to your being a member of GCRS. For certifications, please include dates of expiration.

<u>GCRS USE</u>	Date Received App:	Date Voted:	Date Left:
Votes Received: Accept _____ Deny _____	Signatures of Acceptance	President: _____	
Position Applied For: <u>EMS</u> or <u>Rescue</u> or <u>Support</u>	Chief: _____		



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DRIVING AND CRIMINAL RECORD

Social Security #:	
NC Drivers License#:	Expiration Date:
Have you had a traffic violation in the past five years? Yes / No	(If yes, please explain briefly under additional comments further below)

EMPLOYMENT HISTORY

Employer Name (most recent)	Address	Position Title	Dates Employed (mm/yy - mm/yy)	Phone Number
1.				
2.				
3.				

May we contact your most recent employers? **Yes / No** (If no, briefly explain below)

PERSONAL REFERENCES

Name	Phone Number	Address	Email Address
1.			
2.			
3.			

OTHER INFORMATION

Use this space to answer or clarify any previous questions, or to provide any additional pertinent information.

AVAILABLE FOR DUTY: Days? _____ Nights? _____

POSITION DESIRED (Check all interests):

- EMS**
 - Basic Life Support
 - Advanced Life Support
- RESCUE**
 - Vehicle Extrication
 - Heavy Rescue
 - Land and Search Rescue
- ORGANIZATIONAL SUPPORT**
 - Fund Raising
 - Community Outreach

Explain why you are interested in your selections:



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DISCLAIMER

GCRS reserves the right to deny affiliation based on the results of a criminal background check. GCRS will consider criminal convictions and arrests, particularly those involving moral turpitude. Examples of criminal felony and misdemeanor convictions or arrests that may result in denial of affiliation with GCRS include, but are not limited to, crimes involving violence, sexual assault or exploitations, drugs or alcohol, weapons, theft, fraud, or embezzlement. As a matter of public trust, it is essential that all members uphold the mission, values, and integrity of GCRS.

RELEASE AND SIGNATURE

This is to certify that I, (print name) _____, who resides in Gates County, freely and voluntarily offers themselves to his fellow man regardless of race, creed, or color. It is to be clearly understood by this applicant that he/she is required to be available for call at any hour, day or night, providing that it does not interfere with his/her work or business. If the applicant is granted membership, he/she will be governed by the constitution and by-laws of this organization. The applicant's signature on this application grants this organization permission to verify all information and conduct criminal background and DMV history reports. Any information being found falsified will be grounds for denial.

Signature of Applicant

Date