

Anna Rescue Squad, Inc.

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Membership Application

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ SEX: MALE ___ FEMALE ___

HOME PHONE #: _____
CELL PHONE #: _____ WORK PHONE #: _____
S.S.N.: _____ DRIVERS LICENSE # _____ STATE: _____

PREVIOUS ADDRESS IF LESS THAN FIVE YEARS _____

YEAR GRADUATED FROM HIGH SCHOOL / RECEIVED GED: _____

NAME OF HIGH SCHOOL GRADUATED / RECEIVED GED: _____

I AM APPLYING FOR MEMBERSHIP AS: EMT ___ DRIVER ___

I AM CURRENTLY: EMT-B ___ EMT-I ___ EMT-P ___

I HAVE HAD CPR TRAINING: YES ___ EXP. DATE _____ NO ___

I CAN RUN DURING: DAY ___ NIGHT ___

EXPERIENCE IN EMS OR RELATED MEDICAL FIELD _____

REFERENCES: (INCLUDE PHONE NUMBERS)

1. _____ 2. _____
3. _____ 4. _____

LIST ANY CURRENT OR PAST ORGANIZATIONAL INVOLVEMENT AND CONTACTS: (INCLUDE CONTACT NAMES AND PHONE NUMBERS)

1. _____
2. _____
3. _____

OVER →

I UNDERSTAND THAT TO JOIN THE ANNA RESCUE SQUAD I MUST SIGN THIS FORM WHICH AUTHORIZES A BACKGROUND CHECK TO BE COMPLETED BY LAW ENFORCEMENT. THE BACKGROUND CHECK INCLUDES DRIVING AND CRIMINAL RECORDS. I ALSO UNDERSTAND THAT I AUTHORIZE LAW ENFORCEMENT TO RELEASE ANY INFORMATION FOUND DURING THE BACKGROUND CHECKS TO THE PRESIDENT OR TRUSTEES OF ANNA RESCUE SQUAD.

SIGNED: _____ DATE: _____

BACKGROUND CHECK INFORMATION: (LIST INFORMATION)

DRIVING RECORD:

CRIMINAL RECORD:

FELONY RECORD:

NOTES:

OFFICER: _____ **DATE:** _____

CHECKLIST:

REFERENCES CHECKS: _____ **BACKGROUND CHECKS:** _____

INTERVIEWED: _____ **DATE:** _____ **WHO:** _____

MEMBERSHIP VOTING:

FOR: _____ **AGAINST:** _____ **ABSTAINED:** _____

PRESIDENT: _____ **DATE:** _____

TRUSTEE: _____ **DATE:** _____