Check the one that Applies: Full Member Associate Auxiliary

Name

 Last First Middle

Address

Date of Birth **\_\_\_/\_\_\_/\_\_\_\_\_\_** SSN **\_\_\_\_-\_\_\_-\_\_\_\_\_\_\_** Home Phone (\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_)\_\_\_\_-\_\_\_\_\_\_\_\_

Best time to contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle one for each question:

Do you have a High School Diploma or GED: Yes | No
Have you ever Volunteered for NVRS before: Yes | No
 If Yes, Dates when: \_\_/\_\_ - \_\_/\_\_
Have you ever been convicted of a Felony: Yes | No
 If Yes, Dates and Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Have you been convicted of Traffic Violations in the past 5 years: Yes| No
Do you currently belong to the membership of another EMS or Fire Agency: Yes | No
If you are a member of another agency you can only **apply for associate membership**.

Certifications:

Current Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_) \_\_\_-\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degrees, Training, or other Specialties:

Reason for Membership:

References:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Locations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone(\_\_\_) \_\_\_-\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Locations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone(\_\_\_) \_\_\_-\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Locations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone(\_\_\_) \_\_\_-\_\_\_\_\_\_

APPLICANT’S STATEMENT

* I certify that answers given herein are true and complete.
* I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision.
* In the event of my membership, I understand that exaggerated, false or misleading information given in my application or interview(s) may result in discharge.

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

 Applicants Signature Date