



**APPLICATION FOR MEMBERSHIP**

I hereby submit my application for membership in the Hoke County Rescue Squad. In respect to this application, I freely give my consent to the Hoke County Rescue Squad or its representative(s) to conduct a full background investigation including, but not limited to, criminal records check, Law Enforcement Department's records, interviews with supervisors, co-workers, friends, acquaintances, and any person deemed by the Rescue Squad knowledgeable of my character. In support of the above request, the following information is given with the knowledge that a criminal conviction does not automatically reject an application but failure to disclose a criminal record will cause my application to be rejected and/or cause me to be dismissed from said Hoke County Rescue Squad. All information gathered in the background investigation will not be divulged to persons outside the Rescue Squad.

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ DR LIC #: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DO YOU SPEAK A FOREIGN LANGUAGE?: \_\_\_\_\_

DO YOU POSSESS A CURRENT CERTIFICATION IN: **CPR** \_\_\_\_\_ **FIRST AID** \_\_\_\_\_  
**EMERGENCY MEDICAL TECHNICIAN(EMT)** IN NC OR OTHER STATE \_\_\_\_\_ IF  
**YES** TO ANY OF THE ABOVE PLEASE INCLUDE A COPY OF CERTIFICATION WITH THE  
APPLICATION.

As a condition of entrance to the Rescue Squad, you must be able to lift the Hurst Jaws of Life Extrinsic Tool waist high unassisted. Do you understand? \_\_\_\_\_. Certification as a Medical Responder and Emergency Rescue Technician is required. This is not a requirement to apply but is a condition of membership if approved. Do you agree to complete a class of a minimum of Medical Responder and Emergency Rescue Technician and achieve State certification in both, or agree to attend any other class or training made available to this Rescue Squad as a condition of membership? \_\_\_\_\_ 36 hours of continuing education per year is required of personnel in this organization. Do you agree to attend training classes to fulfill this requirement? \_\_\_\_\_

Do you possess any special skills, training, or other certifications that would benefit the Rescue Squad ?  
Examples : aircraft pilot, operate a boat, operate heavy equipment, scuba diver, operate extrication equipment such as the Hurst tool or Porta-Power, repelling, fire training, etc. \_\_\_\_\_

List organizations such as other Rescue Squads, Fire Departments, or any civic or professional groups that you belong or have belonged to: \_\_\_\_\_

**REFERENCES**

	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you ever been convicted in court for any reason including traffic violations? \_\_\_\_\_

If the answer above is yes, complete the following:

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

- If you have had any further convictions, give information below (in the same format). Remember you must list convictions before the police check is conducted.

It is understood by the undersigned that failure to give the correct information requested above would result in the immediate rejection of my application and/or immediate dismissal from the Hoke County Rescue Squad. I promise faithfully to comply with the policies and/or standard operating procedures of the Hoke County Rescue Squad, and fully realize that I may be dismissed from the Hoke County Rescue Squad, if and when the Commander deems it necessary to be in the best interest of the Rescue Squad. I realize that the final decision of acceptance of this application rests with the Hoke County Rescue Squad Board of Directors.

Full signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

Sponsored by \_\_\_\_\_ Date \_\_\_\_\_

**For Hoke County Rescue Squad use only. Do not write in the spaces below.**

Name of Officer present when applicant demonstrated ability to lift Hurst tool: \_\_\_\_\_

Date of demonstration: \_\_\_\_\_ Remarks: \_\_\_\_\_

Date application given to Board of Directors: \_\_\_\_\_ Accepted? \_\_\_\_\_

Date voted on by Squad: \_\_\_\_\_ Accepted? \_\_\_\_\_

Date applicant notified of results: \_\_\_\_\_ by: \_\_\_\_\_

Remarks: \_\_\_\_\_

Note: Upon submission of this application, it become property of the Hoke County Rescue Squad, Inc. and all information herein will be held confidential.