



Berkeley County Rescue Squad Membership Application

1. Date of Application: ___/___/___ Present Age: _____ Date of Birth: ___/___/___

2. Name: _____

3. Mailing Address: _____ SSN: _____ - _____ - _____

_____ Zip: _____

4. Residence Address: _____

_____ Zip: _____ County: _____

5. Home Telephone: _____ Work Phone: _____

6. Name of Employer: _____ How long Employed?: _____

7. Can you be called at work for a mission? _____ Valid Divers License: Yes No _____ Class

8. Marital Status: Single Married Divorced Widowed

9. Criminal, Traffic and/or Civil Court: *(Have you ever been convicted of, pled guilty or pled no contest to an offense other than a minor traffic violation in the past ten years):* Yes No *(If Yes, Give complete details below)*

10. Physical Disabilities: _____ Explain: _____

11. First Aid / CPR or Rescue Experience: _____ Explain: _____

12. Special Skills: SCUBA, EMT, Aircraft Pilot, Marine/Automotive/Communication Technician, CPR/First Aid Instructor,

Other. Explain: _____

13. **APPLICANT DECLARATION:** I hereby certify that all answers given on this application are true. A copy of your current drivers record shall accompany this application. I understand that any false information given may disqualify me for membership. If accepted as a member of the Berkeley County Rescue Squad, I will abide by the rules and regulations of the squad and agree to return any and all equipment issued to me. Failure to do so shall constitute reason for my dismissal. This application does not imply nor shall it be construed as a contract of employment or membership. All applicants are considered for membership without regard to race, color, religion, sex, nationality, age or disability. We are an Equal Opportunity Organization.

Applicants Signature: _____

Date: _____