

Dentsville Volunteer EMS & Auxiliary, Inc.



Application for Membership

Federal and State law requires that all applicants be considered without regard to race, color, creed, sex, age, religion or national origin, marital status, sexual orientation, political or religious opinion or affiliations, and physical or mental handicap (except in such cases where the disability or condition would preclude the individual from adequately performing the task involved). We believe in and fully support equal employment opportunity and will fulfill our obligation to the fullest.

Type of membership: Auxiliary / Operational: EMT / Driver / Other: Specify _____

PERSONAL DATA: Name: _____
(Last, First Middle)

SSN: ____-____-____ Age: ____ Date of Birth: ____/____/____ Sex: M / F

Name preferred to be called _____ Marital Status: S / M / D / W

Address: _____ Years: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Driver License No.: _____ State: _____

Class: _____ Expires: _____



Dentsville Volunteer EMS & Auxiliary, Inc.

Any Physical Handicaps: Yes / No If yes describe: _____

Any Serious Illness: Yes / No If yes describe: _____

Ever Convicted of a Crime: Yes / No If yes describe: _____

Have you ever served with this or any other EMS/Fire company before: Yes / No

When: _____ Name of EMS/Fire Company: _____

Position: _____ Training Level: _____

Employment:

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Years: _____ Title: _____ Supervisor: _____

Business Phone: _____

Education:

High School: _____ Graduate: Yes / No

Year: _____ City: _____ State: _____ Grade Average: _____

College: _____ Graduate: Yes / No

Year: _____ City: _____ State: _____ Grade Average: _____

Trade Schools _____



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REFERENCES:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EMERGENCY:

In case of emergency, please notify: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In submitting this application, I authorize investigation of all statements contained herein inclusive of a Criminal Background Check (18 years of age and older). I hereby authorize the **Dentsville Volunteer EMS and Auxiliary, Inc.** to make any contacts considered necessary to any person or organization listed on this application to release said information. I understand any misrepresentation by me in this application is sufficient cause for cancellation of this application.

Applicant Signature: _____ Date: ____/____/____

If applicant is under 18 years of age, a parent or legal guardian must sign application.

Parent or legal guardian signature: _____ Date: ____/____/____

***This application must be turned in prior to our regular Membership Committee Meeting, held the last Thursday of each month at 7:00 p.m. If you cannot attend this meeting you must notify the Membership Committee Chairman @ (301) 392-0050.**

Invited to Membership Committee: Date: ____/____/____ Time: ____ By: _____

Membership Committee Meeting: Date: ____/____/____ Chairman: _____

Board of Directors Meeting: Accepted / Rejected Date: ____/____/____ President: _____

Voted in for Active Membership: Date: ____/____/____ President: _____

