

Floyd County Lifesaving and First Aid Squad, Inc.

Application for Membership

Name _____

Address _____

Telephone: Cell _____ Home _____ Other _____

Email _____

Place of Employment _____

Employer Address _____

High School _____ Graduation Date _____ GED _____

College _____ Graduation _____ Degree _____

Other Education _____

Do you currently belong to any other volunteer organization? _____

If yes, please list organization(s) and position(s) held _____

Have you previously been a member of a rescue squad or fire dept? _____ If so, please list

Organization, address, telephone number, position(s) held _____

_____ May we contact them? _____

Are you a certified Emergency Medical Technician? _____ If yes, please list Certification

Number _____ Level _____ Exp _____

Are you a certified EMS instructor?_____Please list any courses you are certified to teach

Please list any other medical, or pertinent training, you feel would be useful to this organization

Do you consider yourself physically and mentally fit to run calls with this organization?_____

If not, please explain_____

Do you currently have any medical/mental conditions that may affect your ability to run calls?

_____If yes, please explain_____

Are you a resident of Floyd County____If no, where do you live?_____

How long do you plan to reside in Floyd County?_____

If you live outside the county, are you willing to stand by at the station when you are on call?_____

What days/times will you be available to run calls?_____

Have you been convicted of any offense, other than a minor traffic violation?_____

If yes, please explain_____

Are there any criminal charges/proceedings pending against you?_____If yes, please explain

You are required to give 3 references. (You may not include relatives, or any members of Floyd County Rescue Squad).

Name _____ Title _____

Address _____

Phone number _____

Name _____ Title _____

Address _____

Phone number _____

Name _____ Title _____

Address _____

Phone number _____

As a prospective member of Floyd County Rescue Squad, you will be required to run and sign up for calls, as well as participate in other squad activities, such as fundraiser, standbys, cleanups, vehicle checkoffs, as well as having transportation to and from squad functions and calls.

You will be required to abide by the Constitution, Bylaws, Policies and Procedures, and Run Orders, as set forth by this organization. These are also subject to change. Do you agree that you will participate and abide by all of these requirements, now and in the future? And do you understand that failure to do so may result in dismissal from this organization? _____

I have read, understood, and answered all of the above information to the best of my ability, and I certify that the information I have given on the application is true.

I understand that falsification of any part of this application shall be cause for rejection of my application, or dismissal, if I am accepted as a member of Floyd County Lifesaving and First Aid Squad, Inc.

Applicant Signature _____ Date _____