



MOUNT AIRY RESCUE SQUAD

P.O. BOX 1053
MOUNT AIRY, NC 27030
(336) 786-6797 - (336) 786-6914 fax



Application for Auxiliary Membership

DEMOGRAPHIC INFORMATION

Name: _____
(First) (Middle) (Last) (Suffix)

Address: _____
City: _____ State: _____ Zip Code: _____

How long have you lived at this address? _____ years / months

If less than five (5) years list the previous address below:

Address: _____
City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION

Phone: _____ Alt. Phone: _____
(Type) (Type)

E-mail: _____ Alt. E-mail: _____

PREVIOUS EXPERIENCE

Have you ever filed an application with the Mount Airy Rescue Squad Auxiliary before? Yes No

If yes above when? _____

Have you ever been a member of the Mount Airy Rescue Squad before? Yes No

If yes please list the dates: _____

Please list reason for leaving: _____

Have you ever been a member of any other rescue, fire, Haz-Mat, or medical service before? Yes No

If yes please list the department(s), approximate dates, and reasons for leaving below:

TRAINING LEVELS

CPR: Yes No

If yes expiration date: _____

Medical Responder: Yes No

If yes expiration date: _____

EMT: Yes No If yes current level attained: Basic / Intermediate / Paramedic

If yes initial date: _____ expiration date: _____

Rescue: Yes No If yes, current level attained: _____

If yes initial date: _____

Have you kept training current? Yes No

List date obtained of any additional or speciality certifications that you currently have below:

VMR _____
 Ropes _____
 Trench _____
 Water _____
 EVD _____
 Specialty _____

Confined Space _____
 Structural Collapse _____
 Wilderness _____
 Agriculture _____
 EVD Trailer _____
 High Angle I, II, III or IV _____

Firefighter: Yes No If yes current level attained: _____

If yes initial date: _____

Have you kept training current? Yes No

Haz-Mat: Yes No If yes current level attained: _____

If yes initial date: _____

Have you kept training current? Yes No

List any additional training and/or certifications that you currently have below:

Please attach copies of certifications to the back of this page.
North Carolina certifications may be obtained at (<http://www.ncdoi.com/osfm/>).

DRIVERS LICENSE

Driver's License # _____ Class: _____ Restrictions: _____

Has your driver's license ever been suspended or revoked in the last ten (10) years? Yes / No

If yes please explain below: _____

WAIVER

By signing below you give Mount Airy Rescue Squad permission to obtain your Driving and Criminal Background Records.

Signature

If you would like to obtain your own records you may do so by following the instructions below:

DRIVING RECORD

Please attach a North Carolina Division of Motor Vehicles copy of your driving record.

A copy of your current driving record can be obtained by calling or writing to the following:

N.C. DMV Driver License Records
3113 Mail Service Center
Raleigh, NC 27699-1113
Phone: 919-715-7000

You may also request a copy at the following website: <http://www.ncdot.gov/dmv/online/>

CRIMINAL RECORD

Have you ever been arrested or convicted of a serious misdemeanor or a felony? Yes / No

If yes, please explain: _____

Please attach a North Carolina Division of Criminal Information copy of your criminal record.
Your record may be obtained from the Clerk of Courts Office.

EMPLOYMENT REFERENCES

Current Employer: _____
 Phone Number: _____
 Employer Address: _____
 City: _____
 How long have you worked for current employer? _____ years\months
 Supervisor: _____
 If less than five (5) years give previous employer:
 Phone Number: _____
 Employer Address: _____
 City: _____ State: _____ Zip: _____
 How long did you work for this employer? _____
 Supervisor: _____

PERSONAL REFERENCES

Listed references shall not be related to the applicant applying for membership.

Name: _____ 1
 Address: _____
 City: _____ State: _____ Zip: _____
 How long has this person known you? _____ Phone Number: _____
 How does this person know you? (work, friend, church, school, etc.) _____

Name: _____ 2
 Address: _____
 City: _____ State: _____ Zip: _____
 How long has this person known you? _____ Phone Number: _____
 How does this person know you? (work, friend, church, school, etc.) _____

Name: _____ 3
 Address: _____
 City: _____ State: _____ Zip: _____
 How long has this person known you? _____ Phone Number: _____
 How does this person know you? (work, friend, church, school, etc.) _____

Name: _____ 4
 Address: _____
 City: _____ State: _____ Zip: _____
 How long has this person known you? _____ Phone Number: _____
 How does this person know you? (work, friend, church, school, etc.) _____

