



# MOUNT AIRY RESCUE SQUAD

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



## Application for Membership

### DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_  
*(First) (Middle) (Last) (Suffix)*

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

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 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 EMS 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: EMT-B, EMT-I, EMT-A, EMT-P  
initial date: \_\_\_\_\_ expiration date: \_\_\_\_\_

Rescue Credential:  Yes  No

Current Certification: \_\_\_\_\_  
initial date: \_\_\_\_\_ 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: \_\_\_\_\_ training current?  Yes  No

Haz-Mat:  Yes  No If yes current level attained: \_\_\_\_\_

If yes initial date: \_\_\_\_\_ 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.

**PHYSICAL DOCUMENTATION**

Please have a Physician, Physician's Assistant, or Family Nurse Practitioner, sign this form or attach documentation from your provider stating your current capabilities to serve in the capacity of a member of the Mount Airy Rescue Squad. This report must be current within one year.

**PHYSICAL REQUIREMENTS**

Must be able to physically perform the basic life operational functions of climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, feeling, talking, hearing, and repetitive motions. Must be able to perform very heavy work exerting up to 100 pounds of force occasionally; 50 pounds of force frequently; and 20 pounds constantly. Must possess the visual acuity to operate mobile equipment such as that in a safe manner, perform visual inspections of work for accuracy and thoroughness and keep simple records.

*Must be able to pass a physical agility test as administered by the Mount Airy Rescue Squad Membership Committee or their designee.*

*Must be able to pass a pre-employment and possible post-employment drug screen test(s).*

*Only completed applications with the above information attached will be considered for membership into the Mount Airy Rescue Squad.*

**PROVIDER SIGNATURE**

*By signing this document I attest that \_\_\_\_\_ is "fit for duty," as listed in the above description. (applicant's name)*

*Signature: \_\_\_\_\_*

*Please circle credential: MD PA FNP*

***Provider: Please attach a voided prescription to verify signature***

**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.) \_\_\_\_\_

