



APPLICATION FOR MEMBERSHIP

Dear Potential Applicant:

Thank you for your interest in joining Rowan County Rescue Squad, Inc. Taken from the Rowan County Rescue Squad Bylaws anyone wishing to become a member must be over the age of 18, a resident of Rowan County and follow the following steps:

- Complete and return the attached membership application
- Supply a certified criminal background check from the Clerk of Court
- Appear before the board of officers for interview and introduction
- Upon approval for membership by the board of officers the applicant must attend two business or training meetings to meet other members and post orientations
- Following the above listed requirements, each applicant will be presented to the membership for acceptance

Please complete this application in its entirety. When returning your application, please also be sure to include the following documents:

- Criminal Background Check
- DMV Official Drivers History
- Copy of your drivers license
- Copy of your social security card
- Copy of birth certificate

Once your application has been received and processed, you will be contacted to set up an appointment for an interview with the Chief Officers. Following your interview a decision will be made and you will be notified in writing of your results.

When you become a member of Rowan County Rescue Squad you must contribute 150 hours of annual service to the organization contributed from training events, stand-by events, and calls for service. You will be responsible to keep a record of your time and submit quarterly hour logs.

Again, on behalf of Rowan County Rescue Squad we appreciate your interest in our organization. Please feel free to contact me with any questions or concerns you may have.

Respectfully,

Phil York
Deputy Chief

(704) 633-5405
phil.york@rowanrescue.org



ROWAN COUNTY RESCUE SQUAD

APPLICATION FOR MEMBERSHIP

Today's Date: ___ / ___ / ___

Applicant Information

Full Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____ Social Security Number: _____

Email Address: _____

Drivers License: _____
Number State Class Expiration Date

Have you ever been convicted of any misdemeanor or felony?
(Include military convictions and traffic violations) Yes No

If yes, please explain: _____

Education

High School: _____ Address: _____

From: _____ to _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ to _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ to _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

What goals do you wish to accomplish by joining the Rowan County Rescue Squad?

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Current Certifications

Certification Level: EMT EMT-I EMT-P Expiration: _____ RT: Yes No

Are you now or have you been a member of another department in the last ten years? _____

Do you hold any specialty certifications? (List) _____

Disclosure

I hereby authorize Rowan County Rescue Squad, Incorporated to make such investigations and inquiries of my personal, employment, credit or medical history and other related matters as may be necessary. I hereby release employers, schools, or persons from all liability in responding to inquires on connections with my application. I hereby certify that this application contains no willful misrepresentations of falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at anytime disclose any such misrepresentation or falsification, I may be disqualified from consideration of dismissed from Rowan County Rescue Squad, Inc. without further cause.

Signature: _____ Date: _____