

DANVILLE RESCUE SQUAD



MEMBERSHIP APPLICATION

Please type or print all information neatly

Last Name		First Name	M.I.		
Age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address			Today's Date
Local Address		City	State	Zip Code	Phone Number
Permanent Address		City	State	Zip Code	Phone Number

EMS Certifications: (* Please attach copies of all certifications)

Required Certifications

<input type="checkbox"/> EMT	State	Certification Number	Date Completed	Date of Expiry
<input type="checkbox"/> Paramedic				
<input type="checkbox"/> CPR Level	Date Completed	Date of Expiry		
<input type="checkbox"/> Driver's License	State	Number		

Additional Certifications

<input type="checkbox"/> First Responder	Certification Number	Date Completed	Date of Expiry
<input type="checkbox"/> Haz-Mat	Level	Date Completed	Date of Expiry
<input type="checkbox"/> EVOC	Date Completed		
<input type="checkbox"/> Other EMS Courses			

EMS Related Experience:

Organization	Address	Dates	Contact Person & Number

Work Experience:

Employer	Position Held	Dates	Contact Person & Number

Reverences: (other than relatives or employers) Please notify your references before listing them- Must list at least two (2)

Name	Address	Phone Number	Relationship

