



NORTHERN GARRETT COUNTY RESCUE SQUAD, INC.

P. O. BOX 293
GRANTSVILLE, MD. 21536

1-301-895-5520

APPLICATION FOR ACTIVE MEMBERSHIP

NAME _____
LAST FIRST MIDDLE

ADDRESS _____

PHONE# _____ WORK# _____ S.S.# _____

DRIVER' S LIC.# _____ STATE _____
CLASS _____

EMPLOYER _____

ADDRESS _____

DATE OF BIRTH _____ MARITAL STATUS _____

EDUCATION YEARS COMPLETED

ELEMENTARY	1 2 3 4 5 6 7 8
HIGH SCHOOL	9 10 11 12
COLLEGE	1 2 3 4

LIST OTHER EDUCATION CERTIFICATES ASSOCIATED THEREWITH;

DESCRIBE ANY SPECIAL TRAINING, OR SKILLS YOU MAY HAVE:

WHY DO YOU WANT TO BECOME A MEMBER OF NORTHERN RESCUE?

REFERENCES OTHER THAN FAMILY MEMBERS AND HOW YOU ARE ACQUAINTED WITH THEM: (PLEASE BE ADVISED THAT NGCRS RESERVES THE RIGHT TO CONTACT ANY AND ALL OF THE REFERENCES THAT ARE LISTED.)

- 1.
- 2.
- 3.

DO YOU HAVE ANY KNOWN MEDICAL CONDITIONS THAT WE SHOULD KNOW ABOUT, SUCH AS SEIZURES, BLACK OUTS, OR ANY OTHER THAT WOULD IMPAIR YOUR DRIVING OR PATIENT CARE ABILITIES? PLEASE EXPLAIN:

- 1.
- 2.
- 3.

ARE YOU ON ANY MEDICATIONS ? PLEASE LIST BELOW.

HAVE YOU EVER BEEN CONVICTED OF ANY MAJOR TRAFFIC VIOLATIONS?

YES _____ NO _____

DATE: _____ OFFENSE OF WHICH CONVICTED _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES _____

NO _____ DATE _____ OFFENSE OF WHICH CONVICTED _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES _____ NO _____

DATE _____ OFFENSE OF WHICH CONVICTED _____

HAVE YOU EVER AS A RESULT OF JUDICIAL PROCEEDING, EITHER CRIMINAL OR MAJOR TRAFFIC VIOLATION CASE, BEEN GRANTED A PROBATION BEFORE JUDGEMENT (PBJ) DISPOSITION. YES _____ NO _____ IF SO, LIST THE DATES AND THE OFFENSES WHERE YOU WERE GRANTED PBJ

LIST ANY MEDICAL TRAINING YOU MIGHT HAVE : _____

WHO REFERRED YOU TO NORTHERN RESCUE SQUAD? _____

HAVE YOU PREVIOUSLY APPLIED FOR MEMBERSHIP WITH NGCRS? _____
IF SO, WHEN _____

WHERE YOU EVER A MEMBER OF
NGCRS? _____

HAVE YOU EVER HAD ANY AFFILIATION WITH ANOTHER FIRE, RESCUE OR EMS COMPANY IN THIS OR ANY OTHER STATE? YES _____ NO _____
IF YES, PLEASE NAME THAT COMPANY _____

HAVE YOU HAD ANY HEALTHCARE CERTIFICATION OR LICENSE WITHHELD, SUSPENDED, REVOKED, DENIED, OR HAVE YOU SURRENDERED OR ALLOWED A LICENSE OR CERTIFICATION TO EXPIRE OR LAPSE AS THE RESULT OF AN INVESTIGATION OR DISCIPLINARY ACTION?
YES _____ NO _____
(IF YES, ATTACH AN EXPLANATION.)

YOU MUST ATTACH COPIES OF YOUR DRIVERS LICENSE AND AL CURRENT MEDICAL LICENSES OR CERTIFICATION THAT YOU MAY HAVE TO THIS APPLICATION.

I HEREBY GIVE NORTHERN GARRETT COUNTY RESCUE SQUAD AUTHORIZATION TO INVESTIGATE ALL STATEMENTS ON THIS APPLICATION. ANY MISREPRESENTATION OF ANY STATEMENTS WILL RESULT IN CANCELLATION OF THIS APPLICATION OR DISMISSAL FROM NORTHERN GARRETT COUNTY RESCUE SQUAD IF ALREADY A MEMBER.

DATE _____ SIGNATURE _____

MY SIGNATURE BELOW AUTHORIZES NORTHERN GARRETT COUNTY RESCUE SQUAD TO DO A BACKGROUND CHECK ON ME AND I FURTHER UNDERSTAND THAT THE RESULTS OF THIS BACKGROUND CHECK MAY MAKE ME INELIGIBLE TO BECOME A MEMBER OR TO REMAIN A MEMBER OF NORTHERN GARRETT COUNTY RESCUE SQUAD. FAILURE TO CONSENT TO A BACKGROUND CHECK WILL VOID THIS APPLICATION FOR MEMBERSHIP OR IF CURRENTLY A MEMBER, WILL TERMINATE ALL MEMBERSHIP WITH NORTHERN GARRETT COUNTY RESCUE SQUAD.

DATE _____ SIGNATURE _____

(THIS SIGNATURE MUST BE NOTARIZED BELOW.)

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

DATE RECEIVED BY INTERVIEW COMMITTEE: _____

INTERVIEWED BY: _____

APPROVED BY CHIEF _____ DATE _____

PERSONNEL DATA

DATE JOINED SQUAD ____/____/____

TYPE OF CERTIFICATION PLEASE LIST BELOW

- 1.
- 2.
- 3.
- 4.

DATE OF HEPATITIS SHOT ____/____/____

EQUIPMENT ISSUED BY SQUAD

PAGER SERIAL # _____

PORTABLE RADIO SERIAL # _____

CHARGER SERIAL # _____

FIRST AID EQUIPMENT PLEASE LIST BELOW

- 1.
- 2.
- 3.
- 4.

LIST OFFICES YOU HAVE HELD OR COMMITTEES YOU HAVE SERVED ON

DATE MEMBERSHIP EXPIRED ____/____/____

DATE EQUIPMENT TURNED IN ____/____/____

SIGNATURE OF PERSON RECIEVING EQUIPMENT _____

DATE RECIEVED _____