

NORTH MYRTLE BEACH RESCUE NMB# _____

Name _____ SSN# _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell/Pager _____

Date Of Birth _____ Email Address _____

Employer or School _____

Employers Address _____

Position/Grade _____ How long employed _____

Drivers License # _____ State _____

Have you ever been convicted of any moving violations? YES OR NO

If Yes, list dates and violation(s) _____

Have you ever been convicted of any crimes? YES OR NO

If Yes, list dates and violation(s) _____

Education

Did you graduate from High School? YES NO Do you have a GED? YES NO

Name of High School _____

City _____ State _____

College Name _____ City _____ State _____

Did you graduate? YES NO Course of study or degree _____

Are you medically certified? YES NO Level _____ Certification# _____ State _____

Medical courses/training _____

List any special training and certification dates _____

Any special abilities, interests or hobbies? _____

List any physical impairments _____

Check the activities you are interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Water rescue | <input type="checkbox"/> EMT | <input type="checkbox"/> Fund raising |
| <input type="checkbox"/> Administrative duties | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> Ambulance driver | <input type="checkbox"/> CPR | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> C.I.S.M | <input type="checkbox"/> Public Relations | <input type="checkbox"/> EVOC training |
| <input type="checkbox"/> Bike team | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Vehicle/Equipment maintenance |
| <input type="checkbox"/> CPR Instructor | <input type="checkbox"/> Safety and Compliance | |

Emergency contact: Name _____ Phone(____) _____

Contact Address _____ City _____ State _____

Relationship _____

To help us better understand you, please describe your goals, purpose in joining and what you can bring to the squad.

I certify that the above information is complete and correct. I understand that any misrepresentation or omission may result in disqualification from membership. I consent to North Myrtle Beach Rescue Squad conducting a background investigation to whatever extent is necessary.

Signature _____ Date _____

For Office use only: Date applied _____ Date approved _____

Probation period _____ Final action _____

