

PIPERS GAP JUNIOR RESCUE SQUAD

Volunteer Membership Application (ages 14 - 17)

(Please print legibly)

Personal Information

Full Name: _____
Last Name First Name Middle Name

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different from mailing): _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email Address: _____

Date of Birth: _____ Age: _____ Social Security #: _____

If applicable, Driver's License #: _____ State: _____ Class: _____ Exp Date: _____

Have you ever been a member of PGJRS or applied for membership with PGJRS? _____

Have you ever been convicted of a crime or been subject to disciplinary action by the juvenile justice system of VA or any other state (with exception of minor traffic violations)? _____

If yes, please explain: _____

Educational Information

Current School: _____ City: _____ State: _____

May we contact your school for a reference? _____ If no, please explain: _____

Have you completed a EMT-Basic course? _____ If no, are you interested in becoming a certified EMT? _____ (you must be at least 16 years old to take an EMT course)

Have you completed a CPR class? _____

Other Information

If employed, who is your employer: _____

Address: _____

Phone: _____ May we contact your employer? _____

If no, please explain: _____

Have you ever been affiliated with any Rescue Squad or Fire Department? _____

If yes, please list all departments that you currently belong to or have been affiliated in the past: _____

If possible, please attach a letter of reference from any rescue squad or fire department that you have had affiliation with.

With my signature below, I certify, to the best of my ability, that all of the information on this membership application is true and accurate.

Applicant Signature

Date

STATEMENT OF CONSENT

I, _____, am the parent and legal guardian of _____, a minor, and I agree to allow my child to apply for membership with Pipers Gap Junior Rescue Squad. I understand that applying for membership does not guarantee acceptance.

Parent/Guardian Signature

Date