



Membership Application

Alamance County Rescue Unit

Name: (Last, First, MI)

DOB

SSN

Street address

City

State

Zip

Email

Driver's Licence

Phone (Home)

Phone (Cell)

Do you currently hold a valid EMS credential? (yes or no)

If "yes", indicate Cert. level & Expiration

List all certifications and any other education/training that you currently have (Please attach copies of trainings & certifications)

High School (name & address)

Graduated: yes or no

College (name & address)

Major/Degree

Personal References: Name, Address, Phone Number, Years Known

Reference 1

Reference 2

Reference 3

If applicable, list any Alamance County Rescue Unit members that you know:

Employment Record

Employer

Address

Time Employed

Reason Left

Medical History (include any hospitalizations , including reasons & date; any physical and/or mental disabilities that would prohibit you from safely performing the duties & job tasks of Alamance County Rescue Unit) A physical examination and/or a physician's statement may be require

Have you ever abused alcohol and/or drug? If yes, please attach a written explanation.

Please provide, as an attachment, you legal background check and driving records.

Statement of Requirements and Responsibilities

I have been a resident of Alamance County or an adjacent county for at least one (1) year. I agree to a six (6) month probationary period while being considered for membership with Alamance County Rescue Unit, Inc, and understand that I may be required to have a physical examination and/or statement of health from a physician. I agree to follow the rules and regulations existing or later adopted by the membership governing the organization. I understand that I will occupy a position of public trust and that I will be called upon to make judgments, which may have a critical impact on the lives of the citizens I serve. If accepted for membership, I agree to resign upon demand by the Chief of the organization if any of the following occur, which would affect the effective performance of my duties: reporting to duty with the odor of alcohol on my breath; noticeable impairment of mental or physical faculties due to drug or mental impairment, whether prescribed or recreational; deterioration of health; failure to report for the minimum amount of volunteer service; for conduct which would cause my reputation and the reputation of good character of this organization to be questioned. I understand and accept that the majority of the membership of this organization may at any time vote to terminate my membership upon sufficient showing of factors which would prevent me from continuing in effective service. I pledge that the answers previously given are true, of my own knowledge, and all questions have been answered honestly and voluntarily. I understand that any false statement will be reason for rejection of my application; will be reason for the termination of one's membership. I understand that Alamance County Rescue Unit, Inc, is on call for any rescue emergency twenty-four (24) hours a day, seven (7) days a week. I agree to these requirements & responsibilities by signing below.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Alamance County Rescue Unit, Inc-Membership Committee Use Below

Received by: _____ Date: _____

Accepted for Probation: YES / NO Date: _____

Accepted for Membership: YES / NO Date: _____

Applications not filled out in their entirety are not eligible for consideration and will NOT be processed.
PROCESSING OF THIS APPLICATION MAY TAKE UP TO 90 DAYS.