



Cannon County Rescue Squad, Inc.

618 Lehman Street
Woodbury, TN 37190

Application for Membership

Applicant Contact Information	
Name	
Street Address	
City ST Zip	
Home Phone	()
Work Phone	()
Mobile Phone	()
e-mail address	
Person to Notify in Case of Emergency	
Name	
Street Address	
City ST Zip	
Home Phone	()
Work Phone	()
Mobile Phone	()
Relationship to you	

Place of Employment _____	Driver's License # _____
General Working Hours _____	Social Security # _____
Date of Birth _____	Material Status _____ Age _____

Availability:
During which hours are you available to respond with the Rescue Squad? (Check all that Apply)

Weekday Mornings Weekday Evenings Weekend Afternoons
 Weekday Afternoons Weekend Mornings Weekend Evenings

- Yes No Do you have a valid Tennessee Driver's License?
 Yes No Do you have any restrictions currently against you Driver's License?
 Yes No Has you Driver's License ever been revoked or suspended?
 Yes No Are you a citizen of the United States?
 Yes No Are you authorized to work in the United States?
 Yes No Have you ever been convicted of a felony? If so, please describe.

Yes No Have you have ever been convicted of any crime other than a traffic violation not previously described. If so, please describe.

Yes No Do you have any physical limitations or handicaps that would limit your ability to safety perform rescue operations? If so, please describe.

Yes No Have you ever been denied membership with any other organization? If so please describe.

Education:

Yes No Have you graduated High School or do you have a G.E.D?

Are you currently certified/licensed as one of the following: If so, please provide your certification/license number.

- | | |
|--|---|
| <input type="checkbox"/> TARS Vehicle Rescue Technician | <input type="checkbox"/> TN Certified Firefighter |
| <input type="checkbox"/> Emergency Medical First Responder _____ | <input type="checkbox"/> Basic Life Support certified (CPR) |
| <input type="checkbox"/> Emergency Medical Technician _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Paramedic _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other Healthcare Professional _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Haz-Mat Technician | |

Military Service:

Branch		From		To	
Rank at Discharge		Type of Discharge			

If other than an honorable discharge, please explain. Attach a separate sheet if needed.

References:

Please list three professional references that **are not** Members of the Cannon County Rescue Squad, Inc.

Full Name		Relationship	
Company		Phone Number	
Address	City, State, Zip		
Full Name		Relationship	
Company		Phone Number	
Address	City, State, Zip		
Full Name		Relationship	
Company		Phone Number	
Address	City, State, Zip		

Our Policy

It is the policy of the Cannon County Rescue Squad, Inc. not to discriminate on the basis of race, sex, religion, color, creed, national or ethnic origin, age, military service, disability or sexual orientation.

I, the undersigned applicant, submit this application and attest that the information contained herein is accurate at the time of submission. It has been explained to me, and I understand, that any false or misleading statements or information made in this document, or during my interview, will lead to my application being considered invalid. I also understand that any false or misleading information in this application for membership may result in my denial of membership completely. Furthermore, it has also been explained to me, and I understand, that if I receive membership with the Cannon County Rescue Squad, Inc. and at a later date I am found to have given false or misleading statements regarding this application, I will be subject to disciplinary actions as defined in the By-Laws of the organization. I agree to allow Officers and Executives of the Cannon County Rescue Squad, Inc. to make any necessary investigations concerning my application.

Recommended by: _____
Name or signature of Active Member

Applicant Signature:

Date:

Captain Signature:

Date:

Thank you for completing this application, and for your interest in volunteering with the Cannon County Rescue Squad, Inc.