

KENDALL PARK FIRST AID & RESCUE SQUAD

MEMBERSHIP APPLICATION

Last Name		First Name		MI	Telephone
Street		Town		State	Zip Code
Date of Birth	E-Mail Address		Social Security #	Driver's License #	

Current Certifications: (Check all that apply)

First Aid
Standard
1st Responder

CPR
A-Community
B-Adult/Child
C-BLS

EMT
B

Previous EMS affiliation: (Specify) _____

Occupation	Name of Employer	Telephone	
Street	City	State	Zip Code

Please answer the following questions:

Has your Driver's License been revoked or suspended within the past 3 years? Yes No

Have you ever been convicted of a crime? Yes No

(If you answered "YES" to either of the above questions, please attach a brief explanation on a separate sheet of paper.)

References:

Name	Telephone		
Street	City	State	Zip Code
Name	Telephone		
Street	City	State	Zip Code
Name	Telephone		
Street	City	State	Zip Code

I hereby certify that the statements made in this application are true to the best of my knowledge and belief. I understand that any intentionally false statement may be grounds for rejection of this application or termination of membership in the Kendall Park First Aid & Rescue Squad. I also understand that the Kendall Park First Aid & Rescue Squad will obtain an abstract of my motor vehicle record and I authorize such for the purposes of this application.

Signature: _____ Date: _____

For KPFARS use only:

Application Rec'd:	1 st Reading:	2 nd Reading:	DMV Checked:
Active Date:	Resign Date:	Rejected Date:	