

# 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Has your Driver's License been revoked or suspended within the past 3 years?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 <sup>st</sup> Reading:	2 <sup>nd</sup> Reading:	MVC Checked:
Active Date:	Resign Date:	Rejected Date:	Background Check:
Off Probation Date:			