

# Myrtle Beach Rescue

## Application for Membership

### APPLICATION FOR MEMBERSHIP

Name		Last	First	Middle	Date
Address					Home Phone
City		State		Zip Code	Cell Phone
E-mail Address					Other Phone
Date of Birth	Age	Eye Color	Hair Color	Organ Donor	Gender
Driver License No.		State	Exp. Date	SS#	

Present Employer					
Address				Supervisor	
City		State	Zip	Phone	
Occupation					
Emergency Contact				Phone	
Address				Alt. Phone	
City		State	Zip	Relationship	

Please Check Those Which Apply

- \_\_\_\_\_ Have you ever been involved in the sale of illegal drugs?
- \_\_\_\_\_ Have you ever been arrested for or convicted of any crime?
- \_\_\_\_\_ Have you ever had your driving privileges suspended or revoked for any reason?
- \_\_\_\_\_ Are you a legal citizen of the United States?

### PERSONAL REFERENCES

Name	Phone	Alt. Phone
Name	Phone	Alt. Phone
Name	Phone	Alt. Phone

### MEDICAL TRAINING

Course	Date Completed	State Numbers	Expiration Date	National Number	Expiration Date
CPR					
EMT-B					
EMT-I					
Paramedic					
Instructor					

