



**P.O. Box 241 - 1035 Daniel St
Cherokee, Alabama 35616**



Emergency – 911 24-hour Non-Emergency – 256-381-0911 Office/Fax – 256-359-6731

MEMBERSHIP APPLICATION

Name: _____ Age: _____ Date: _____

Address: _____ Home Phone: _____

City, St, Zip: _____ Cell Phone: _____

SSN: ____ - ____ - ____ Birthday: ____ / ____ / ____ Driver License #: _____

Emergency Contact Name & Phone No: _____

Current Employer: _____

Address: _____ Work Phone: _____

City, St, Zip: _____ Supervisor: _____

Normal working hours: _____

Please list any First Aid, CPR, or any other Medical training you have had with dates.

Do you have any physical, mental, or medical impairment or disability that would limit your job performance? If yes, please explain:

Are there any accommodations the Squad can provide to enable you to perform your job to your maximum capability?

Please list 3 references (not related to you and not a previous employer), with address and phone number.

Please list any other Special Skills and Qualifications you may hold.

Please provide a brief explanation of why you wish to join the Rescue Squad.

Are you willing to dedicate one or more evenings per week to training? _____

Are you willing to dedicate 24 hours or more per week to covering pager? _____

If possible, list the days/hours you are most likely to be available to help cover pager.

Have you ever been convicted of any crime (not including traffic violations)? If yes, explain:

Will you be willing to submit to a random drug test? _____

By signing below, you confirm that the information you provided in this application is true and correct to the best of your knowledge. You also authorize the Cherokee Rescue Squad to perform a thorough background investigation, to include criminal records, past employment activities, personal characteristics, mode of living, and education. If any of the previous information shows to be false, or if you do not pass the background check, you acknowledge that you will not be eligible for membership.

Applicant Signature

Date

Please attach copies of Drivers License, and any certifications that you may already hold. Return this application to any Squad member and be prepared to attend the next Monthly Meeting (usually 1st Monday at 7:00 pm).

<p>For office use only: Accepted: _____ Rejected: _____ Date: _____ Notes: _____ Officer Signature: _____</p>
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