

## IREDELL COUNTY RESCUE SQUAD, INC. APPLICATION FOR MEMBERSHIP

Dear Potential Applicant:

Thank you for your interest in joining the Iredell County Rescue Squad, Inc. As is written in the Squad's bylaws, a member of the Squad must be a minimum age of 14 and a resident of Iredell County.

- The following outlines the steps involved in the application process:
- Complete and return the attached membership application and information form.
- Have your Doctor, NP, or PA complete and sign the Health Certification Form.
- Read and sign the Drug Test Waiver form.
- Read and sign the Criminal Background Check Authorization Form.
- Read and sign the Drivers History Background Check Authorization Form.
- Appear before the personnel committee for interview and introduction.
- Supply a copy of your current Drivers License.

Once your application has been received and processed, you will be contacted with the date of the interview with the Personnel Committee if you can't attend you will have to wait until the next scheduled meeting. Following your interview a decision will be made and you will be notified in writing or by phone with your results. Applications are accepted during each quarterly meeting of the Squad. The meetings are held in March, June, September and December. Completed applications are due back to the personnel officer no later than the 1<sup>st</sup> of the month prior to quarterly meetings.

When you become a member of the Iredell County Rescue Squad, you must become an active member who participates in all activities of the Squad such as calls for service, training, standing bys at scheduled community events, etc. The success of the Squad is directly related to the commitment of the members who volunteer their time to serve.

Again, on behalf of the Iredell County Rescue Squad, we appreciate your interest in our organization. Please feel free to contact me with any questions or concerns you may have.

Respectfully,  
Todd Lenderman, Chief  
Iredell County Rescue Squad & Fire, Inc  
[tlenderman674@yahoo.com](mailto:tlenderman674@yahoo.com)  
(704) 978-9106

Brian Niblock, Deputy Chief  
Iredell County Rescue Squad & Fire, Inc  
[graphicsgalore@earthlink.net](mailto:graphicsgalore@earthlink.net)  
(704) 902-8313



Are you recommended for membership by a current or past member of the Squad?  Yes  No If yes, who? \_\_\_\_\_

**Current and Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

**Current Certifications**

Certification Level:  EMT  EMT-I  EMT-P Expiration: \_\_\_\_\_ RT or TR

Are you now or have you been a member of another department in the last ten years?

\_\_\_\_\_

What goals do you wish to accomplish by joining the Iredell County Rescue Squad?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLOSURE**

I hereby authorize Iredell County Rescue Squad, Inc. to make such investigations and inquiries of my personal, employment, credit or medical history and other related matters as may be necessary. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at anytime disclose any such misrepresentation or falsification, I may be disqualified from consideration or dismissed from the Iredell County Rescue Squad, Inc. without further cause.



## DRUG TEST WAIVER

I, \_\_\_\_\_ upon accepting an offer of membership with the Iredell County Rescue Squad, Inc. Will submit to a pre-acceptance drug screening to be done at the Squad's expense. Refusal of the testing will result in an automatic disqualification of your application. I also understand that I may be subject to random testing at the leisure of the Squad. I understand that I may be asked to submit to testing after any significant injury or mishap in a Squad vehicle. Should you refuse any of these requests, you will either be suspended or dismissed from the Squad.

Date of Membership Offer: \_\_\_\_\_

Testing Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## CRIMINAL BACKGROUND CHECK AUTHORIZATION

I, \_\_\_\_\_ hereby authorize the Iredell County Rescue Squad, Inc. to conduct a Criminal Background Check on myself for the purposes of my application for membership in the Squad. This background check will be done at the expense of the Squad. I also understand that this will be based on the information given on my application and may be used as a basis of either accepting or denying my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## DRIVERS LICENSE BACKGROUND CHECK AUTHORIZATION

I, \_\_\_\_\_ authorize the Iredell County Rescue Squad, Inc. to conduct a check of my driving history for the purposes of processing my application for membership in the Squad. I understand that this information may be used as a basis of either accepting or denying my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

License Type: \_\_\_\_\_ Operators License Number: \_\_\_\_\_

Note: Please provide a copy of your license with this application. Also, if this is an out of state license, you must get an NC operators license before acceptance into the Squad.

**This application has four (4) different places for applicant signature as well as one (1) place for health care provider signature. Applications need to be filled out completely to be processed.**

## EMERGENCY CONTACT INFORMATION

Full Given Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname or Name you go by: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Address of Contact: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Address of Contact: \_\_\_\_\_

Please list any allergies, medical conditions, and treatments that could pose an emergency situation:

\_\_\_\_\_

If you have medications that may be needed in case of an Emergency, what are they, where are they located and what are the directions? \_\_\_\_\_

\_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_ Preferred Trauma Center: \_\_\_\_\_

Your Physician's name & phone  
#: \_\_\_\_\_

Your Dentist's name & phone #: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

Any additional information that may be pertinent in case of a medical emergency: \_\_\_\_\_

\_\_\_\_\_