

IREDELL COUNTY RESCUE SQUAD, INC.

APPLICATION FOR MEMBERSHIP

Dear Potential Applicant:

Thank you for your interest in joining the Iredell County Rescue Squad, Inc. Applicants must be 18 years of age and a resident of Iredell County or close proximity to our county district if residing in a different county.

Any Jr Member must be minimum of 15years old and follow guidelines imposed by State of NC, ICRS officers and BOD.

- 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. Following your interview a decision will be made and you will be notified in your results and or preliminary offer of membership pending background checks.

When you become a member of the Iredell County Rescue Squad, you must become an active member who participates in activities of the Squad such as calls for service, training, stand bys at scheduled community events, etc. The success of the Squad is directly related to the commitment of the members who participate in a manner that is professional and competent in our service to the community.

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,

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

Danny Negron, Deputy Chief
Iredell County Rescue Squad & Fire, Inc
nirs2562@gmail.com
(704) 881-2345

IREDELL COUNTY RESCUE SQUAD

APPLICATION FOR MEMBERSHIP

Today's Date: ____/____/____

Full Name: _____ Date of Birth: ____/____/____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Social Security Number: ____/____/____

Driver's License: _____
Number State Class Expiration Date

Email Address: _____

Have you ever been charged or convicted of any misdemeanor or felony? ☐ Yes ☐ No
(Include military convictions and traffic violations)

If yes, please explain:

EDUCATION

High School: _____ Address: _____

From: _____ to _____ did you graduate? ☐ Yes ☐ No Degree: _____

College: _____ Address: _____

From: _____ to _____ did you graduate? ☐ Yes ☐ No Degree: _____

Other: _____ Address: _____

From: _____ to _____ did you graduate? ☐ Yes ☐ No Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Full Name: _____ Phone _____

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

or FF1 or FF2

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

By filling out this application and signing accordingly, I hereby authorize Iredell County Rescue Squad & Fire , 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 any time disclose any such misrepresentation or falsification, I may be disqualified from consideration or dismissed from the Iredell County Rescue Squad, Inc. without further cause. I also understand that upon acceptance of membership to ICRS, that I will adhere to and follow squad guidelines and requirements for membership.

Signature : _____ Date: _____

IREDELL COUNTY RESCUE SQUAD, INC.
HEALTH CERTIFICATION FORM

Name: _____

Address: _____

Date of Birth _____ Age _____

YES	NO		YES	NO	
()	()	Head or Spinal Injury	()	()	Asthma
()	()	Seizures	()	()	Diabetes
()	()	High Blood Pressure	()	()	Psychiatric Problems
()	()	Heart Disease	()	()	Glasses/Contacts
()	()	Tuberculosis	()	()	Drug Abuse
()	()	Venereal Disease	()	()	Alcohol Abuse
()	()	Intestinal Problems	()	()	Back Injury
()	()	Hernia	()	()	Other

If the answer to any of the above is yes, please explain on the back of this page.

List any conditions you are under the care of a physician for: _____

List any prescribed medications you are taking on a regular basis: _____

List any types of allergies you have to take medications for: _____

TO BE COMPLETED BY PHYSICIAN OR NP OR PA

PHYSICAL EXAMINATION

Vision: Right 20/_____ Left 20/_____ without correction

Right 20/_____ Left 20/_____ with Correction

Hearing: Right Ear _____ Left Ear _____

Blood Pressure _____ / _____ Pulse _____ Lungs _____

Reflexes: Good _____ Fair _____ Poor _____

General Comments: _____

Print Name of Doctor/NP/PA

Signature of Doctor/NP/PA

Date of Exam

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 operator's 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: _____
