

Application For Membership to Frazee Rescue

NAME _____ D.OB. _____

Occupation _____ Employer _____

Home Address _____ Phone _____

Employer Contact _____

Business Address _____ Phone _____

Years with Present Employer _____ S.S. # _____

Drivers License# _____ State of Issue _____

Work Schedule _____

Does your Job take you away from home? _____

How often _____

Would you be able to respond to calls during your work

day _____

Is your family agreeable to your membership _____

Any Physical problems that would restrict activity? ____ If so explain _____

Are you currently a First Responder or EMT? _____

Have you ever injured your back? _____

Are you capable of Lifting 50# _____

Bother by the sight of blood _____ Bothered by Heights _____ Claustrophobic _____

Do you swim _____ Scuba Dive _____ Drive Truck _____ Clerical Work _____

Any special experiences that would benefit the department _____

Do you have any current commitments that would keep you from being an active member of Frazee Rescue? _____

Give 2 References - People who are not rescue members

1 _____ Address _____ Phone# _____

2 _____ Address _____ Phone# _____

Are you acquainted with any current rescue member(s) and have they influenced your interest and recommend you: (not a requirement)

1 _____

2 _____

Would you be willing to provide a copy of your record and allow Frazee Rescue to do a background check? _____

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____

Frazee Rescue use only:

Date application received: _____ Date: Interviewed: _____

Who Interviewed: _____