

Fryeburg Junior Rescue Membership Application

Office Use Only:	
1 st Read: ___/___/___	
2 nd Read: ___/___/___	
Approved?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

Date of Application: ___/___/___

Name: _____
Last
First
M.I.

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ - _____

Date of Birth: ___/___/___ Drivers License #: _____ State: _____
(Used for background check)

	YES	NO
Have you ever filed an application with Fryeburg Junior Rescue before? - - - - -	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a member of Fryeburg Junior Rescue? - - -	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the United States? - - - - -	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony? - - - - -	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain: _____

 How do you feel you could contribute to Fryeburg Junior Rescue?

Do you have any first aid, CPR, medical, or any other kind of training that relates to rescue services? YES NO

If yes, please explain: _____

Release

I, _____ hereby state that all information provided on this application is complete to the best of my knowledge.

In the event of membership, I understand that misleading or false information provided on this application is grounds for the termination of membership. I understand that I am required by Fryeburg Rescue that I obey and uphold all Fryeburg Junior Rescue bylaws, rules, and regulations.

If applicant is under 18 years of age the signature of a parent or legal guardian is required with this application.

Signature of Applicant: _____

Date: ___ / ___ / _____

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____

Date: ___ / ___ / _____
