



St. Thomas Rescue, Inc.



APPLICATION FOR MEMBERSHIP

Date: _____

First Name: _____ Mid: _____ Last Name: _____

SSN: XXX-XX-_____ Gender: Male Female Blood Type: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Height: _____ Weight: _____

Identifying Marks (Birthmarks, Tattoos, Scars, Piercings, etc.) & Location of Marks

Contact Information

Home: _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer Contact Information

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____

Have you ever been convicted of a felony or misdemeanor?

Yes

No

If Yes, Explain:

Education (High School/College)

1. Name of Institute: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date Attended: _____ Diploma/Degree/Certificate: _____ Completion Year: _____

2. Name of Institute: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date Attended: _____ Diploma/Degree/Certificate: _____ Completion Year: _____

Other Training/Certification(s)

1. Type of Training/Certification: _____
Name of School/Agency: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Instructor: _____ Expiration Date: _____

2. Type of Training/Certification: _____
Name of School/Agency: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Instructor: _____ Expiration Date: _____

Do you own any equipment(s)?

Yes

No

If Yes, Explain:

Please check all that apply to Phobias (fears) you may have:

| | |
|-----------------------|-------------------------|
| Heights | Mentally Ill People |
| Confined/Tight Spaces | Fire |
| Darkness | Electricity |
| Thunder | Airplanes |
| Insect | Boats |
| Lightening | Sea/Water |
| Blood | Public Speaking |
| Guns | Being Alone |
| Mutilation | Making A Mistake |
| Knives | Failing A Test |
| Machetes | Catching A Disease |
| Death/Dead Bodies | Swimming/Diving |
| Rats | Animals (specify below) |

Please specify in further detail:

1. Have you ever been in an accident? Yes No
If yes, please describe the accident including the date, time of day and events leading up to the event.

2. Describe the effects of the accident had on you immediately after and effects lasting for a period of days, weeks, etc.

3. Describe the effects the accident had on your family and close friends. How long did those effects last?

4. Describe one event in your life that resulted in you being very angry; describe your reactions.

5. Describe one event in your life that resulted in you being very anxious; describe what you did to relieve your anxiety.

Family Profile

Spouse/Significant Other Name: _____

Home: _____ Work: _____ Cell: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Dependents

| NAME | AGE | GENDER | DATE OF BIRTH |
|------|-----|--------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please list and describe anniversaries or other dates you will like the squad to recognize.

APPLICANT REQUIREMENTS:

Applicants of the St. Thomas Rescue Recruit Training Program should meet the following criteria:

1. Be at least Eighteen (18) years of age.
2. Have a valid Driver's License.
3. Have a High School Diploma or Equivalent
4. Complete and returned all required documents
5. Meet the Medical Checklist Requirements
6. Appear before the interview committee
7. Have the ability to commit to attend all recruit training sessions and serving as a member of St. Thomas Rescue.

I am aware that any omission, falsification, misstatement, or misrepresentations above may disqualify me for Membership consideration and if accepted, it may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for membership by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized members of the Board of Director(s) for membership purposes. I understand and accept the fact that my consent shall remain effective during the tenure of my membership should I be accepted. I certify that to be the best of my knowledge and belief all the statements contained herein and on any attachment are true, correct, complete, and made in good faith.

Applicant's Signature

Date