



North Myrtle Beach Rescue Squad
 P.O. Box 555
 North Myrtle Beach, SC 29597
 (843) 272-3144
Ambulance * CPR/Safety Education * Water Rescue



MEMBERSHIP APPLICATION

Date Applied:	Date Approved:
Personal Information	
Name:	SSAN#*:
Mailing Address:	
Physical Address:	Date of Birth:
Email Address:	
Cell Phone:	Home Phone: None <input type="radio"/>
Marital Status:	# of Children:
Name, Emergency Contact:	Phone, Emergency Contact:
Employer:	Shift/Grade:
Employer's Address:	
Position @ Employer:	#of Years with Employer:
Driver's License: State:	Driver's License #:
Can you respond from work for a RESCUE call? Yes No	Can you "ride" RESCUE during the day? Yes No
Physical Impairments:	
Highest Education Completed:	Name of school:

Please indicate which squad activities appeal to you:	<input type="radio"/> Medical Response (as EMT/Paramedic) <input type="radio"/> Medical Response (as a Driver/3 rd Member) <input type="radio"/> CPR/Safety Education Instruction <input type="radio"/> Water Rescue <input type="radio"/> Public Relations <input type="radio"/> Fund Raising <input type="radio"/> Administrative Duties <input type="radio"/> Support Services
Medical Documentation	
Medical Certification:	State/#/Expiration Date: / /
National Registry:	#/Expiration Date: /
SC Continuum ID # (if applicable):	
Current CPR Card: Y N	Expiration Date:
Emergency Driver Training: Y N	Who:
Completed ICS -100, 200, 700, 800?	Yes No Some
If applicable, CPR Instructor: Y N	#/Expiration Date: /
ACLS Certification: Y N	Expiration Date:
If applicable, ACLS Instructor: Y N	#/Expiration Date: /
PALS Certification: Y N	Expiration Date:
If applicable, PALS Instructor: Y N	#/Expiration Date: /
PHTLS Certification: Y N	Expiration Date:
If applicable, PHTLS Instructor: Y N	#/Expiration Date: /
AMLS Certification: Y N	Expiration Date:
If applicable, AMLS Instructor: Y N	#/Expiration Date: /
Other:	

Any Special Training that you can bring to the Squad:		
Convictions**		
Have you ever been convicted of a moving violation?	Yes	No
If so, Violation and date occurred:		
1.		
2.		
Have you ever been convicted of a felony?	Yes	No
<u>[If so, attach a separate sheet of paper describing the conviction]</u>		
Upon acceptance of your membership, you will be required to submit a receipt for a criminal background check and 3-Year driving history within 30 days.		
CB Receipt Submitted:	Y	N
Driving Hx Submitted:	Y	N
* SSAN is required for IRS reporting		
** A conviction does not automatically lead to disqualification with the NMBRS, but could impact as to what you may be allowed to participate in.		
I certify that the above information is complete and correct. I understand that any misrepresentation or omission may result in disqualification from membership in the North Myrtle Beach Rescue Squad. I consent to the North Myrtle Beach Rescue Squad conducting a background investigation to whatever extent necessary.		
Signature:	Date:	