



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

(NOTE: Please include with your application a check made payable to the rescue squad for \$38.00, which covers the cost of a complete background check. This will be credited back to you upon the completion of your Probationary period.)

Date Applied:	Date Approved by Membership:
Personal Information	
Name:	SSN*:
Mailing Address:	
Physical Address:	Date of Birth:
Email Address:	
Cell Phone:	Home Phone: None ☐
Name, Emergency Contact:	Phone, Emergency Contact:
Employer:	Shift/Grade (if applicable):
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:	☐ Medical Response (as EMT/Paramedic) ☐ Medical Response (as a Driver/3 rd Member) ☐ CPR/Safety Education Instruction ☐ Water Rescue ☐ Public Relations ☐ Fundraising/Grants ☐ Administrative Duties ☐ 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
[If so, attach a separate sheet of paper describing the conviction]		
CB Receipt Submitted:	Y	N
Driving Hx Submitted:	Y	N
* SSN 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: