



TECHNICAL RESCUE SERVICES, INC. D/B/A
SOUTH ORANGE RESCUE SQUAD
 PO Box #128
 Carrboro, NC, 27510
<http://www.sorescue.org>

MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name: Last,	First	M.I	D.O.B (MM/DD/YY)	Social Security Number
Mailing Address		City	State	Zip Code
Home Phone	Work Phone	Email	How long do you plan to live in the area?	
Emergency Contact	Phone Number	Relationship	Address	
Please list/describe any medical conditions (including any medications) which may prevent or impair your ability to perform various tasks while a member or that we should be aware of in case of an emergency.				

EDUCATION & TRAINING

High School (Name & Location)	Dates Attended (MM/YY – MM/YY)	Field of Study	Degree
College (Name & Location)	Dates Attended (MM/YY – MM/YY)	Field of Study	Degree
Graduate/Technical (Name & Location)	Dates Attended (MM/YY – MM/YY)	Field of Study	Degree
Other (Type, Name & Location)	Dates Attended (MM/YY – MM/YY)	Field of Study	Degree

EMS CERTIFICATION INFORMATION

Level (e.g. FR, EMT, EMT-P)	Date of Expiration	State of Issue	CPR Certified?	Date of expiration
Please list/describe any special certifications or skills that you have or extracurricular activities that you do that are relevant to your being a member of Technical Rescue Services, Inc. For certifications, please include dates of expiration.				

Date Submitted: ____/____/____ Date Received: ____/____/____ Date Interviewed: ____/____/____

Volunteers Serving to Preserve Life.



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RELEASE AND SIGNATURE

I, _____, do so hereby attest that I have made application to Technical Rescue Services, Inc. for membership, and hereby grant release of my driving record and criminal history, which may be helpful in an investigation of my background as it pertains to membership to this organization.

Signature of Applicant

Date

Please mail all application materials to:

SOUTH ORANGE RESCUE SQUAD
ATTN: MEMBERSHIP
PO BOX 128
CARRBORO, NC 27510
