



### EMERGENCY MEDICAL RESPONDER MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ M: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work No.: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Call from Work: Y/N

Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Health Condition/Allergies:

List:

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT SCHOOL(S) ATTENDING OR OTHER CLASSES PERTAINING TO FIRE SERVICE**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Info: \_\_\_\_\_

*I know this information to be true and correct*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*