

MEMBERSHIP

YADKIN COUNTY RESCUE SQUAD
PO Box 1355
YADKINVILLE, NC 27055
sta9@ycvfra.com
WWW.YADKINRESCUE.COM



Application Date: _____

Applicant's Name: _____

PO Box Address: _____

Physical Address: _____

City: _____ State: NC Zip: _____

Fire District: _____ Are you a member of that department? _____

Phone Number: (____) _____ (____) _____
Home Home Work

(____) _____ (____) _____
Cell NC OEMS P#

Social Security Number: _____ Birth Date: _____

NC Drivers License Number: _____ Class: _____

Blood Type: _____ Organ Donor: _____

Place of Employment: _____

Address: _____ City: _____ NC Zip: _____

Present Certification(s) / Credential(s) with Expiration(s): _____

MEMBERSHIP

EMS Credentials Certification Date: _____ Expiration: _____

Present Training (Explain): _____

Previous Fire/Rescue/EMS Organizations that you were/are a member & a contact person: _____

References: Name Address Phone Number

1. _____

2. _____

3. _____

4. _____

How could you be of an asset to the Rescue Squad? _____

Signature for Application: _____ Date: _____

YCRS USE ONLY

Station/Radio Number: 9 Liaison Member: _____

Date Received: _____ Probation Ending Date: _____

Membership Officer: _____

Membership Voting Date: _____