



Technical Rescue Team Application for Membership

Pre-screening
Questionnaire.
Equal Opportunity
Employer

Personal Information

Name

| | | | | |
|--------------|---------------|---------------|-------|-----|
| Address | | City | State | Zip |
| Phone Number | Mobile Number | Email Address | | |

If Selected for The Team, Are You Willing To Submit to a Background Check?

Yes No

| | | |
|------------------------------------|---|--|
| Where did you hear about our team? | Are you active with any first response or rescue squads? If so, which ones? | Are you available year-round for trainings, missions, etc? |
|------------------------------------|---|--|

Please list any applicable skills or certifications

| |
|--|
| |
| |
| |
| |

References

| Name | Title | Company | Phone |
|------|-------|---------|-------|
| | | | |
| | | | |

Current Employer if applicable

| | | |
|----------|-----------|----------------|
| Employer | Job Title | Dates Employed |
|----------|-----------|----------------|

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

| | |
|---------------------|-----------|
| Name (Please Print) | Signature |
| Date | |