

ACME-DELCO-RIEGELWOOD  
FIRE-RESCUE, INC.  
P.O. BOX 187  
RIEGELWOOD, NORTH CAROLINA 28456

Having read the membership qualifications and acknowledging the BY-LAWS and OPERATIONAL PROCEDURES, I hereby make application for membership in the Acme-Delco-Riegelwood Fire-Rescue Squad.

Name  
(Print) \_\_\_\_\_  
Last First Middle Initial

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Spouse/RelativeName \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ NC Driver's License Number \_\_\_\_\_

Have you ever had any Special Training (FireFighter/Rescue) \_\_\_\_\_ If yes, please list types and dates.

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

STATEMENT OF COMPLIANCE:

1. *I realize that the department is not a fraternal organization but is solely meant to provide emergency services to the public in times of need and emergencies. I further realize that my participation is expected to be active, whether in answering alarms, attending meetings, serving on committees, or refining my knowledge by participation in various types of training. I realize also that the department is a charitable, non-profit organization and that I will not be paid or accept any gratuities for my services. I will be expected to furnish, at my own expense, any training, which is necessary to maintain my qualifications.*
2. *I am fully aware that although I will serve as a volunteer, I will be held to the same standard of care as would any other person with the same or similar training. Under the same or similar circumstances and, therefore shall conduct myself in a professional manner at all times as an agent or representative of Acme-Delco-Riegelwood Fire-Rescue, Inc.*
3. *I hereby consent to any and all background checks that the department may wish to make into my driving, criminal, educational, and employment background.*

4. I hereby voluntarily submit to any blood, chemical, or urine analysis that the department may request with the authority of the Board of Directors. I am fully aware that the consumption of alcohol, any controlled substances, or any impairing substance at any time prior to or during such time that I server On-Call Shall be grounds for my immediate dismissal from the department. This consent for such testing shall remain in full force and effect so long, as I am an applicant for membership or a member of the department.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

MEMBERSHIP COMMITTEE INTERVIEW

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assist. Fire Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rescue Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assist. Rescue Chief

\_\_\_\_\_  
Date

Sponsors

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_