

HUBBARD FIRST RESPONSE & RESCUE TEAM, INC



APPLICATON

Name_____

Address_____

Telephone Numbers_____

Drivers License Number_____

Social Security Number_____

E-Mail Address (required)_____

Township of your Residence_____

Are you currently a (circle all that apply): First Responder EMT Paramedic

If you circled on the above, what is your EMSRB Number?_____

For the following questions be specific, please feel free to attach another piece of paper.

If you had previous experience with a Fire Department, Rescue Squad, or Ambulance service, please provide the name of the organization, its address, and a contact person.

What hours are you available to respond to calls?_____

Are you able to respond during work hours?_____

If yes, what is the name of your employer?_____

Why are you applying to join this team? _____

Do you have any special interests or skills that could be useful to the team? _____

Are you willing to devote time to special events the team is asked to provide First Aid coverage for? _____

Are you willing to assist in fund raising efforts of the team? _____

If yes, do you have any past experience or ideas for fund raising events? _____

Do you know any of the current team members? _____ If yes, list them.

Thank you for your interest in being a team member of the Hubbard First Response and Rescue Team. A member of the team will be contacting you regarding your application.

