

MEMBERSHIP APPLICATION
CAVE SPRING RESCUE SQUAD AUXILIARY

Name-
Last: _____ First: _____ Middle/Maiden: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____ Date of Birth: _____

E-mail address: _____

Employer: _____

Employer address: _____

Marital Status: _____

Have you ever been arrested for or charge with a felony? Yes: No:
If yes, please explain in detail:

References: please do not include family members.

(name)

(name)

(address)

(address)

(phone)

(phone)

I acknowledge that the above information is correct and that the Cave Spring Rescue Squad Auxiliary has my permission to conduct a criminal background check and to contact my references.

Date

Signature