**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**SEARCH AND RESCUE TEAMS OF WARREN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION (CREED), GENDER, GENDER EXPRESSION, AGE, NATIONAL ORIGIN (ANCESTRY), DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, OR MILITARY STATUS, IN ANY OF ITS ACTIVITIES OR OPERATIONS.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Please indicate the type of membership for which you are applying:

Please provide your name

Last:

First:

Middle:

Please provide your mailing address

Street:

City:

State:

Zipcode:

Please provide contact information

Home phone:

Work phone:

Cell phone:

E-mail:

What is your preferred method of contact?

Please specify any emergency training certifications that you may hold:

Please list any special training or other certifications (other than emergency training) that you possess:

Are you or have you ever been a member of a first aid, emergency squad or other emergency response or volunteer organization? Please specify:

Are you still involved in these organizations? lf not please provide the reason for leaving.

Please provide contact information for 3 non-family references

Name:

Address:

Phone number:

E-mail:

Years known:

Name:

Address:

Phone number:

E-mail:

Years known:

Name:

Address:

Phone number:

E-mail:

Years known:

**\*\*\* We request that you notify these individuals that SARTWC will be contacting them \*\*\***

**BY SUBMITTING THIS FORM, I DO HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND ANY MISINFORMATION CONTAINED HEREIN WILL BE CAUSE FOR MY APPLICATION TO BE REJECTED**