



MOUNTED RESCUE

PERSONAL INFORMATION:

FULL NAME: _____ DATE: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ D LIC#: _____ STATE: _____

SSN: _____ - _____ - _____ DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH _____

PHONE NUMBERS: HOME (____) _____ WORK(____) _____ CELL # (____) _____

MARRIED: YES: _____ NO: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

CURRENT EMPLOYER: _____

EDUCATION: _____

IN CASE OF EMERGENCY CONTACT:

_____	_____	_____	_____
(NAME)	(ADDRESS)	(PHONE)	(RELATIONSHIP)

HEALTH:

PHYSICAL CONDITION: EXCELLENT: _____ GOOD: _____ FAIR: _____ POOR: _____

LIMITING PHYSICAL OR MENTAL CONDITIONS: _____

ARE YOU ON ANY MEDICATION: YES: _____ NO: _____ IF SO, WHAT AND CONDITION: _____

APPLICATION FORM

INFORMATION:

HAVE YOU EVER BEEN CONVICTED OF A FELONY ? YES: _____ NO: _____

IF SO: WHAT AND WHEN: _____

FOREIGN LANGUAGES: YES: _____ NO: _____ IF SO, PLEASE LIST: _____

LIST ALL PREVIOUS EXPERIENCE AND QUALIFICATIONS RELEVANT TO THIS APPLICATION:

LIST EQUIPMENT YOU OWN OR HAVE AVAILABLE TO YOU:

DISCLAIMER:

I FULLY UNDERSTAND MOUNTED RESCUE IS A VOLUNTEER AND NON-PROFIT ORGANIZATION. MOUNTED RESCUE HAS MY PERMISSION TO DO F.B.I AND POLICE BACKGROUND CHECKS ON ME. FURTHERMORE, I FULLY UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED ON THE APPLICATION MAY BE GROUNDS FOR REFUSAL OF THE APPLICATION OR IMMEDIATE DISMISSAL FROM MOUNTED RESCUE.

SIGNATURE OF APPLICANT

DATE

FOR OFFICIAL USE ONLY

BACKGROUND CHECKS: _____ UNIT COMMANDER INITIALS: _____

APPLICATION APPROVED: _____ DISSAPROVED: _____

MEMBER ACCEPTED: _____ DATE: _____ NOT ACCEPTED: _____ DATE: _____