

BETHESDA CHEVY CHASE RESCUE SQUAD JUNIOR MEMBERSHIP APPLICATION

5020 Battery Lane, Bethesda, MD 20814
301-652-0077
www.bccrs.org

Administrative Use Only
Date Rec'd: _____
Ride Along: _____
Interview: _____
Accepted: _____
Uniform: _____
Start Date: _____
Exit Date: _____
Returns: _____
Uniform ID

Important: You must be at least 16 years old to submit an application to the Rescue Squad
This application requires a parent signature. Applications submitted without such signature will not be considered for membership.

PERSONAL INFORMATION

Name:

Last

First

Middle

Address:

Street

Apt. No.

City

State

Zip

Telephone:

Home

Cell

Work

Email:

DOB:

SSN:

US Citizen? (circle one) Yes No

Drivers License No.:

State:

Class:

Emergency Contact Information

Name of emergency contact:

Address:

Telephone:

Name of nearest relative *not* living with you:

Address:

Telephone:

E D U C A T I O N

Present High School and Grade:

Address:

Street

City

State

E M P L O Y M E N T

Present or Most Recent Position

Employer and Position/Title:

Address:

Street

Floor/Suite

City

State

Zip

Dates of Employment (from/to):

Hours per Week:

Name of Supervisor:

Telephone Number:

Duties:

Reason for leaving:

Former Position

Employer and Position/Title:

Address:

Street

Floor/Suite

City

State

Zip

Dates of Employment (from/to):

Hours per Week:

Name of Supervisor:

Telephone Number:

Duties:

Reason for leaving:

SHORT ESSAY RESPONSE

In 100 words or less please explain why you would like to become a member of the Rescue Squad. You may use additional sheets of paper if necessary. Please be sure to put your name on any additional paperwork. Please list below any additional information you consider pertinent to your application for membership (including school honors, organization memberships, unique skills, etc.)

GENERAL INFORMATION

(Affirmative responses to the following questions will not automatically exclude you from being considered for membership. However, complete and accurate information must be provided.)

1. Have you ever been dismissed or asked to resign from any position, whether as an employee, volunteer, or otherwise? Yes No

If yes, please explain:

2. Have you ever been cited for a traffic violation (not including parking tickets)? Yes No

If yes, please explain:

3. Have you ever had a professional license suspended or revoked for any reason? Yes No

If yes, please explain:

4. Have you ever been convicted of or pled guilty to a crime (felony, misdemeanor or other) – including being sentenced to probation before judgment, pleading nolo contendere, or being subject to a similar disposition? Yes No

If yes, please explain:

5. Have you ever been an applicant or employee or member of any fire department or rescue squad? Yes No

If applicant:

Name of department

Date of application

If member/employee:

Name of department

Position

Dates (from/to)

CHARACTER REFERENCES
(List two references who are *not* related to you.)

1. Name: _____ Telephone: _____

Address: _____

Position/Occupation: _____

2. Name: _____ Telephone: _____

Address: _____

Position/Occupation: _____

SIGNATURE REQUIRED

Please be sure you have signed and dated the form below and that you have answered every question clearly and completely. During your probationary class you will be required to perform a patient lifting ability test. This test has been designed to assure that applicants are able to participate in the necessary, physically demanding activities of the fire and rescue services. The testing procedures will be explained to you during your probationary class. Each applicant has two chances to pass the test. For reasons of safety, continuation of the application process is contingent on the passage of the test.

By signing below you are certifying that you are applying for a position with the Bethesda-Chevy Chase Rescue Squad and that you hereby authorize the release of any and all information to the Bethesda-Chevy Chase Rescue Squad that we may request, from any of your records or files. Such information will include, but will not be limited to: military records, police records, credit records, banking records, arrest records, court records, traffic records, confidential records, educational records, employment records, etc. You also release all persons from any and all liability which could result from furnishing said information to the Bethesda-Chevy Chase Rescue Squad, Inc. or any of its agents. Further, you authorize the Bethesda-Chevy Chase Rescue Squad, Inc. to copy or otherwise reproduce this original document, and let such copied or otherwise reproduced copy act as the original instrument. The original document is to be retained on file with the Bethesda-Chevy Chase Rescue Squad and this authorization to release information shall not expire.

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge from the Rescue Squad. I further agree that I will pay the \$20.00 initiation fee after my probation. I also agree to uphold the rules, regulations, and by-laws of the Bethesda-Chevy Chase Rescue Squad.

Signature: _____ Printed Name: _____ Date: _____

Parent Signature: _____ Parent Printed Name: _____

HELP US FIND MORE APPLICANTS LIKE YOU!

How did you learn about the Rescue Squad?

- Internet
- Word of mouth
- From a Rescue Squad member – please specify which member: _____
- Sign in front of Rescue Squad
- Newspaper ad – please specify which paper: _____
- Other: _____

Please place your application in an envelope to the attention of Captain Jason Gill. You will be contacted within several weeks of receipt of your application. If you do not hear anything from us within that time frame, please email membership@bccrs.org.

Parent's Personal Data Sheet

For BCC Rescue Squad Junior Probationary Member

Parent's Name: _____
Father Mother

Primary Address: _____
Street City State Zip

Secondary Address: _____
Street City State Zip

Father's Work Phone#: _____ Mother's Work Phone#: _____

Father's Cell#: _____ Mother's Cell#: _____

Father's Email: _____ Mother's Email: _____
(Not shared with Son/Daughter) (Not shared with Son/Daughter)

High School of Junior Member: _____

| | |
|----------------------------|----------------|
| Junior Member: | |
| DOB: | |
| FSID: | |
| Email: | |
| Home Phone: | |
| Cell Phone: | |
| Driver's License: | ex; MD Class C |
| | |
| Emergency Contact on File: | |
| Emergency Phone# on File: | |