



Union County Urban Search & Rescue Membership Application

RECEIVED BY _____

DATE _____

APPROVED (Y or N) _____

APPLICANT INFORMATION

Full Name

Last

First

M.I.

DOB

Address

Street Address

Apartment/Unit #

City

State

ZIP Code

Social Security/Driver License Number:

Primary Phone #:

TEXT (Y or N)

Organization

Position Within The Organization

Organization Unit Number

Email Address

EXPERIENCE & SKILLS

List Any Abilities and/or Skills That You Can Utilize In The Field

Medical Training Level (Basic First Aid, EMR, Nurse, etc.)

Certification Expiration Date

MEMBERSHIP AGREEMENT

Please read the following paragraphs carefully, and be sure you agree with them before you sign this application.

I understand that Union County Urban Search and Rescue (UCUSR) is a volunteer organization, sanctioned by the Union County Sheriff's Office, and committed to the ideals of community service, personal growth, honesty and integrity.

I understand that the UCUSR is recognized for its high standard of professionalism, discipline, and dedication to duty. It is expected by the citizens of Union County that the UCUSR be on call 24 hours a day, year round, to provide emergency service. I know that this emergency service may sometimes be performed in the presence of the public, news media or victim's family and I will conduct myself in a highly professional manner at all times.

I understand that the UCUSR has rules, regulations and policies governing its members attendance, training, personal appearance, equipment, and personal conduct both on and off duty, and that when I freely volunteer to join this organization, I am promising to adhere to those rules. I understand and accept that if I fail to do so, my membership with the UCUSR may be terminated.

Realizing the serious responsibilities of its emergency service mission, I hereby make application for membership in Union County Urban Search and Rescue.

Applicant Signature

Date