

Ashland Rescue Department Membership Application

Print and Complete



Applicant Information

Name(First, Last)	Date of Birth
Address	Phone
City/Sate/Zip	Email
Driver's License #	Driver's License Exp

***Attach Copy of Driver's License

Current Employer	Job Title	
Employer Address	Years Employed	May we contact employer? <input type="radio"/> YES <input type="radio"/> NO
Supervisor's Name	Supervisor's Phone #	

Do you have previous EMS or Fire Department Experience?	<input type="radio"/> YES <input type="radio"/> NO	Department?	Years On?
Department Officer Name		Department Officer Phone#	

If previous EMS/Fire Experience

EMS Provider Level	EMS Provider License #	Do you have Fire Certification?	<input type="radio"/> YES <input type="radio"/> NO
List any other qualifications/certifications			

***Include copies of certifications

I fully understand membership with the Ashland Rescue Department is voluntary and by signing this membership application I agree to comply with the department's bylaws and protocols if accepted. I understand that not all applicants will be accepted and become members of the department. I also agree to read and sign a volunteer acknowledgement agreement form in regards to membership.	
Applicant Signature	Date

Upon completion please deliver to Ashland City Hall during their regular business hours. If you are unable to print this form it is also available at city hall for the rescue station. If unable to turn into city hall, this form can also be emailed upon completion to ashlandrescuedept@gmail.com

Date approved by membership

Date approved by city council