

**Londonderry Volunteer Rescue Squad
Rescue Department**

Application for Membership

Date: _____

Personal Information

Name: _____ DOB: _____ Occupation: _____

Mailing Address: _____

Legal Address: _____

Phone: Home _____ Work: _____ E-Mail: _____

Present Employer/Address: _____ Tel: _____

Previous Employer/Address: _____ Tel: _____

Driving Information

Driver's License ID Number and State Issued: _____

Training/Experience Information

What is your training background? _____

Do you have any past experience in vehicle extrication, back country, high/low angle, water, and/or other areas of technical rescue; and if so, what, where, and when?

References

Please list the name, address, and phone numbers of three persons, not related to you, whom you have known at least one year, and with whom you do not live.

1. _____ Tel: _____

2. _____ Tel: _____

3. _____ Tel: _____

Statement of Understanding

The information herein is for the sole and express use of the LVRS Rescue Department Executive Committee. I authorize investigation of all statements contained in this application. I understand the omission or misrepresentation of facts called for is cause for denial of membership or grounds for dismissal without recourse.

Signature of Applicant: _____

Date: _____

Signature of parent or guardian if under 18 years of

age: _____ Date: _____

This application is for the Rescue Department Executive Committee only. All information is held in confidence. Please send completed applications to: LVRS Rescue Department, PO Box 911, Londonderry, VT 05148-0911