

**Sun City Center Emergency Squad  
Volunteer Application**

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First MI

Primary Phone # \_\_\_\_\_ Secondary # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse Member of Squad Y \_\_\_\_\_, N \_\_\_\_\_

**Preference for Volunteer Service:** EMT \_\_\_\_\_, EMR \_\_\_\_\_, Driver \_\_\_\_\_, Front Desk \_\_\_\_\_, Cook \_\_\_\_\_,  
Dispatch \_\_\_\_\_, Information Technology \_\_\_\_\_, Wheelchair Maintenance \_\_\_\_\_, Vehicle Maintenance \_\_\_\_\_

Are you a full-time resident of Sun City Center? \_\_\_\_\_

Months you are normally in Sun City Center: \_\_\_\_\_

Previous Occupation(s) \_\_\_\_\_

Have you previously applied to or volunteered at the Squad? \_\_\_\_\_

States of residence in last five years: \_\_\_\_\_

Have you ever been arrested/convicted of a crime? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Do you have any physical limitations or medical problems which would impact on your participation on the Squad? If so, what type? \_\_\_\_\_

**I give permission to you to check my driving record and to do a background check. I attest that I do not use any illegal drug and that I will at no time perform Squad duties after consuming alcohol or any substance (including medications) that might lessen my ability to respond appropriately.**

Signature \_\_\_\_\_ Date \_\_\_\_\_