

Sun City Center Emergency Squad Volunteer Application

Name _____ Nickname _____
 First Last MI

Phone _____ Cell _____

Address _____ Email _____

City _____ Zip _____

Date of Birth _____ Spouse's Name _____

Spouse Member of Squad Y _____, N _____

Emergency Contact _____
 Name Phone Number

Preference for Volunteer Service: EMT _____, EMR _____, Driver _____,

Front Desk _____, Dispatcher _____, Information Technology _____,

Wheelchair Maintenance _____, Vehicle Maintenance _____, Cook _____

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

States of residence in last five years: _____

Months you are normally in Sun City Center: _____

Previous Occupation(s) _____

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 _____