

APPLICATION FOR MEMBERSHIP

U.S.WATER RESCUE DIVE TEAM

P.O. BOX 50626

BILLINGS, MT 59105

NAME: _____

ADDRESS: _____

PHONE: work) _____ home) _____ cell) _____

E-mail: _____

DOB: _____

SSN: _____

D/L: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

Current Employer Name: _____

Current Employer Address: _____

Current Employer Phone: _____

May we contact your employer? _____

Have you ever been convicted of or plead guilty or no contest to a misdemeanor? _____

Have you ever been convicted of or plead guilty or no contest to a felony? _____

Have you ever been suspended, dismissed or asked to resign from any job? _____

If YES, explain in detail: _____

Can you be released from your place of employment for Dive Team Operations if necessary?

Always _____ Most Always _____ Occasionally _____ Never _____

Do you understand that the membership you are applying for is a volunteer position and that you will not receive financial or material compensation for services rendered? _____

Do you understand that your signature on this application gives your consent and authorization to have a background investigation conducted? _____

LIST ALL DIVE CERTIFICATIONS:

LIST ALL WATER RESCUE CERTIFICATES:

LIST ALL MEDICAL CERTIFICATES AND TRAINING:

BRIEFLY DESCRIBE YOUR DIVE, WATER, AND ANY RESCUE EXPERIENCE:

BRIEFLY DESCRIBE WHY YOU WANT TO BE A MEMBER OF THE DIVE TEAM:

Return application with copies of all certifications.

STATEMENT OF UNDERSTANDING: I, _____, certify that the information and statements on the application are true and correct.

SIGNATURE: _____ DATE: _____