



# ST JOHN RESCUE, INC. Application for Membership

ST JOHN RESCUE, INC. • PO Box 1225 • St John, VI 00831-1225  
(340) 693-RESQ • [stjohnrescue@gmail.com](mailto:stjohnrescue@gmail.com) • [www.stjohnrescue.com](http://www.stjohnrescue.com)

**ST JOHN RESCUE, INC MEETS THE FIRST THURSDAY OF EACH MONTH AT THE ST. JOHN RESCUE HEADQUARTERS BUILDING. THE MEETING STARTS PROMPTLY AT 7PM. ALL INTERESTED MEMBERS ARE ENCOURAGED TO ATTEND AND BRING YOUR COMPLETED APPLICATION.**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Driver's license Number (include state) \_\_\_\_\_

Have you ever had your license revoked or suspended? No Yes

If yes, when and on what charge \_\_\_\_\_

Moving violations within the past 5 years \_\_\_\_\_

Have you ever been convicted of a crime? No Yes

If yes, please explain \_\_\_\_\_

I am interested in becoming a: Responding Member Supporting Member

List any current or past EMS affiliations: \_\_\_\_\_

Do you hold a valid CPR or First Aid Card? No Yes

If yes, Type \_\_\_\_\_ Expiration date \_\_\_\_\_

Any other organizations you belong to \_\_\_\_\_

Please list other relevant qualifications, skills, or areas of special interest \_\_\_\_\_

Do you have any allergies or medical or physical activity restrictions? No Yes

If yes, please explain \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Contact number \_\_\_\_\_

St John Rescue recommends that if you have any restrictions as to physical activity, are on medication, have any illness, or have a past medical history which may affect your abilities as a volunteer rescuer, that you check with your health care provider or appropriate specialist before assuming rescue squad duties.

Please list two personal references

NAME: \_\_\_\_\_ Phone # \_\_\_\_\_

NAME: \_\_\_\_\_ Phone # \_\_\_\_\_

St John Rescue does not discriminate among applicants for membership as to race, sex, sexual orientation, marital status, religion or national origin. A candidate for Responder or Supporting Member in the Organization must submit an application to the Board of Directors for review. Falsification of facts on the membership application may be grounds for dismissal of the applicant. All applicants must be mentally and physically fit to perform the duties required and must be of good moral character. Applicants may be required to furnish proof of physical and/or mental suitability for membership as Responder. A candidate who possesses a driver's license must furnish a copy of the license and a current driving record. After the candidate has been approved by a majority of the Board of Directors, the candidate will be given a copy of the By-Laws and Standard Operating Procedures (SOP) and then be introduced to the membership at the next monthly Membership meeting. A new Responder must be an ASHI First Responder, or better, maintain current Federal NIMS certification, and have current CPR certifications acceptable to the Board of Directors. A new Responder will be on Probation for the first twelve (12) months.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date