



# HOUSTON COUNTY RESCUE UNIT Membership Application



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

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ State \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone Provider \_\_\_\_\_ Email Address \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Blood Type \_\_\_\_\_ Donor (If needed) Y or N Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Insured By \_\_\_\_\_

### EMPLOYMENT INFORMATION

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

### VEHICLE INFORMATION

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag No \_\_\_\_\_

### SPECIAL TRAINING

Communications  - ECOC Driver  - Boating  - Swift Water  - Medical  - NIMS \_\_\_\_\_

Scuba Diving  Certification Level \_\_\_\_\_ No of Dives \_\_\_\_\_

Personal Dive Equipment Owned? \_\_\_\_\_

Other special training \_\_\_\_\_

**Please attach copies of SCUBA certifications, NIMS certifications and a copy of Driver's License.**

Do you own a boat or watercraft?

List two (2) members of reference \_\_\_\_\_

Recommended for membership by \_\_\_\_\_

By my signature I hereby certify the above information to be true and fact, and I agree to abide by the HCRU Constitution and Bylaws.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **FOR ADMINISTRATIVE USE ONLY**

Application: Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ HR No. \_\_\_\_\_

President's Signature \_\_\_\_\_

\*Note Vehicles and watercraft offered for use by members generally are not covered by HCRU liability insurance policies. Members shall be aware of their private insurance status before taking a boat or vehicle on a call-out or training.