Membership Application
Trenton Emergency Services, Inc.
105 S. Cherry St ● Trenton, NC 28585
(252) 448-2646

Personal Information

Full Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security: _____-_____-_____ Telephone: (_____) _____-_____

Driver License Number: _____ State: _____ Class: _____

Married: yes / no   If yes, Spouse's Name:_____

How long have you lived at your current address? _____

Previous Experience

Have you been a member of Trenton EMS before? yes / no

If yes, list dates of membership and reasons why you left:
_____

Below list any previous fire and/or EMS department memberships:

Department Name	Date Joined	Date Separated	Highest Position	Reason for Leaving

Are you currently certified as a State of North Carolina EMT or MR yes / no
        If yes, list certification expiration date: _____

(NOTE: Please provide a copy of all classes, certifications, etc. for our files)

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References
Below list three people (not relatives) that we may contact to find out more about you.

Name	Address	Phone	Relationship

Statement of Intent

Below please write a short statement why you would like to become a member.

_____
_____
_____
_____
_____
_____

I certify that the information contained in this application is correct, to the best of my knowledge, and that any intentional attempt to falsify this or any other documents included in this application will result in refusal of or dismissal from membership. Furthermore, I agree to allow Trenton Emergency Medical Services, Inc. to investigate all statements listed on this application. I also understand that I must submit an official criminal background check, attend one meeting prior to being voted on for membership, and live in the EMS district designated to this department by the Jones County Board of Commissioners.

Applicant's Signature _____ Date_____

Department Use Only

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1. Application Completed and Signed _____
2. Live in EMS District   _____
3. Criminal Background Check   _____
4. Copy of Driver License   _____
5. Attended a Meeting   _____

Application Received
    Date_____

Approved by Board of Directors
    Date_____

Approved by Membership
    Date_____

Revised: 1/19/2017