



# DIVE RESCUE SPECIALISTS, INC.

Scott Township, PA  
[www.diveteam28.com](http://www.diveteam28.com)



## APPLICATION FOR MEMBERSHIP

DIVE RESCUE SPECIALISTS APPLICATION FOR MEMBERSHIP				MEMBERSHIP COMMITTEE ACTION				
1. Please type or print legibly. 2. <b>Submit background check clearance</b> with application. For background check clearance, Visit PA Access to Criminal History Website <a href="https://epatch.state.pa.us/Home.jsp">https://epatch.state.pa.us/Home.jsp</a> 3. Please remit <b>\$12.00 annual dues</b> payable to: Dive Rescue Specialists 4. Mail to: Dive Rescue Specialists, 815 Justus Blvd., Scott Twp., PA 18447				Date of Action by Membership		___ Junior (Age 16-17)		
				Action Taken		___ Regular (Age 18+)		
Accept / Reject								
SECTION ONE: PERSONAL DATA								
Name: Last		First		Middle		Home Phone	Work Phone	Other Phone/Pager
Address				City		State		Zip
Date of Birth	Driver's License Number		State of Issuance		E-mail Address			
SECTION TWO: EMPLOYMENT								
Employer				Complete Address				
Your Title/Position			Name & Title of Supervisor		Telephone Number			
SECTION THREE: HEALTH INFORMATION								
Please be aware that the activities that this rescue team engages in can be at times very physically and emotionally stressful.								
Do you have any physical limitations that may preclude you from certain activities?								
Yes ___ No ___ If yes, please explain:								
Are there any medical conditions or medications that the rescue team should be aware of?								
Yes ___ No ___ If yes, please explain:								
Emergency Contact Person					Telephone Number			
SECTION FOUR: FIRE/RESCUE/EMS EXPERIENCE								
Current/Previous Fire-Rescue-EMS Department Affiliation				Telephone Number		Membership Dates		
Complete Address of Fire-Rescue-EMS Department					List Ranks Held by You			
SECTION FIVE: RELEVANT TRAINING								
Scuba Certification			Surface Water Rescue Certification					
Level:		Agency:		Level:		Agency:		
Scuba Specialty Certifications			Public Safety Diver Certification					
Level:		Agency:						
PA DOH EMS Certification								
Level: FR ___ EMT ___ EMT-P ___ PHRN ___ HP ___ Cert #: _____								
SECTION SIX: CERTIFICATION AND AUTHORIZATION								
I certify that I have read and that I fully understand this application. I also certify that all of the information is true and complete to the best of my knowledge.								
By signing this application, I am authorizing the Dive Rescue Specialists Inc., through its duly authorized representatives, to conduct a thorough and comprehensive background investigation of my personal life and work history, in order to determine my suitability for membership. By signing this application I am granting the D.R.S. access to all records and I authorize the release of all information held by any individual or organization. By signing this application, I am acknowledging that I understand that should any information given on, or as a result of this application, be false, misleading or erroneous, it may result in the rejection of my application for membership, or in my discharge from the DRS.								
I agree to abide by all Bylaws, Policies and Procedures, Regulations and other directives of the Dive Rescue Specialists Inc., as well as all relevant laws.								
<b>Parental Authorization is Required for Any Applicant Under the Age of 18.</b>								
Signature of Applicant			Date		Signature of Parent/Legal Guardian		Date	