ENFIELD F.A.S.T. SQUAD APPLICATION FOR MEMBERSHIP

NAME		DATE
Last	First	Initial
ADDRESS		
TELEPHONE #		
EMAH ADDDESS		Month/Day/Year
EMAIL ADDRESS _		
SOCIAL SECURITY	NUMBER	
HAVE YOU EVER I	BEEN CONVICTED OF A F	ELONYYESNO
NATIONAL REGIS	ΓRY EMT NUMBER	EXPIRATION DATE:
LEVEL OF CER	TIFICATIONBASIC	C INTERMEDIATE PARAMEDIC
NH PROVIDERS LI	CENSE NUMBER	EXPIRATION DATE:
CPR CERTIFICATE	AMERICAN HEAR	T ASSOCIATION AMERICAN RED CROSS
CPR CERTIFICATE	LEVEL	EXPIRATION DATE
	NGC NUMBER	Month/Year
NH DRIVERS LICE	NSE NUMBER	EXPIRATION DATE Month/Year
HAVE YOU HAD H	EPATITUS B VACINATION	NYESNO DATE
DATE OF LAST TB	TINE TEST	RESULT POSITIVE NEGATIVE
LIST ALL PREVIOU	JS SQUAD AFFILIATIONS.	INCLUDE A CONTACT PERSON AND PHONE #.
4/3/02		APPLICANT'S SIGNATURE