

**LOUDON COUNTY DIVE RESCUE TEAM
APPLICATION
CONFIDENTIAL**

DATE _____ Sponsor (Person who gave Application) _____

1. NAME _____ SSN# _____

• PRESENT ADDRESS _____ APT _____

• CITY _____ STATE _____ ZIP _____

2. PHONE _____ PAGER _____ CELL _____

3. BIRTHDATE _____ (mm/dd/yy) DL# _____

4. CURRENT EMPLOYER _____ SUPERVISOR _____

• OCCUPATION _____ HOW LONG _____

*NAME AND PHONE NUMBER OF PERSON TO BE CONTACTED IN CASE OF AN
EMERGENCY _____ *

5. **PERSONAL INFORMATION** (ANSWERING THE FOLLOWING QUESTIONS IS OPTIONAL.
HOWEVER TO DETERMINE EQUIPMENT NEEDS WE ASK THAT YOU ANSWER ACCURATLY. YOUR
ANSWERS IN NO WAY DETERMINE WHETHER OR NOT YOU ARE CHOSEN AS A VOLUNTEER. LCDRT IS AN
EQUAL OPPORTUNITY ORGANIZATION. ALL ANSWERS ARE CONFIDENTIAL)

• SEX : M ___ F ___ HEIGHT _____ WEIGHT _____ COLOR EYES _____ HAIR _____

• MARITAL STATUS : SINGLE ___ MARRIED ___ DIVORCED ___ WIDOWED ___

6. **POSITION DESIRED:** SHORE TECHNICIAN ___ RECOVERY DIVER ___
RESCUE DIVER ___

7. CERTIFICATION LEVEL AND NUMBER _____

8. WOULD YOU BE AVAILABLE FOR CALLS THAT MAY COME AT ANY TIME,
DAY OR NIGHT? _____ IF NO, PLEASE LIST THE TIMES YOU WOULD BE
AVAILABLE _____

9. SPECIAL QUALIFICATIONS OR SKILLS YOU FEEL HAVE PREPARED YOU
FOR THE POSITION YOU ARE APPLYING FOR

10. ARE YOU CURRENTLY A MEMBER OR HAVE YOU PREVIOUSLY BEEN A MEMBER WITH ANY OTHER VOLUNTEER ORGANIZATION? (IF YES, PLEASE LIST POSITION, NAME OF ORGANIZATION, DATE OF LEAVING, REASON FOR LEAVING, AND CONTACT NUMBER)

11. HAVE YOU EVER BEEN ASKED TO RESIGN OR TERMINATED FROM ANY POSITION ON THE BASIS OF UNSATISFACTORY PERFORMANCE? _____
(IF YES, PLEASE EXPLAIN IN DETAIL ON A SEPARATE SHEET INCLUDING NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATE, AND REASON IN EACH CASE.)

12. HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR VIOLATING THE LAW? (DO NOT LIST MINOR TRAFFIC VIOLATIONS) YES ___ NO ___ IF YES, LIST ALL VIOLATIONS, INCLUDING DATE, COUNTY, STATE, CHARGE, AND OUTCOME OF CONVICTION ON A SEPARATE SHEET OF PAPER) CONVICTION DOES NOT EXCLUDE YOU FROM ACCEPTANCE WITH THE LCDRT.

13. ARE YOU WILLING TO TAKE A DRUG TEST AND PHYSICAL EXAMINATION? YES ___ NO ___

14. ARE YOU WILLING TO TAKE A PHYSICAL FITNESS TEST? YES ___ NO ___

15. DO YOU HAVE ANY LIMITATIONS THAT WOULD NEED TO BE ACCOMADATED? YES ___ NO ___ (PLEASE DESCRIBE ON SEPARATE SHEET)

15. PLEASE LIST THREE PERSONAL REFERENCES:

- NAME _____ ADDRESS _____ PHONE _____
- NAME _____ ADDRESS _____ PHONE _____
- NAME _____ ADDRESS _____ PHONE _____

APPLICANT AGREEMENT

“I certify that the information given in the application above is true to the best of my knowledge. I agree that if any of the given information is found to be false or misleading in any way, it shall be considered sufficient cause for denial or termination from the LCDRT. I authorize the use of any of the information in this application to verify my statements. I authorize past and present employers, all references, and any other named persons to answer all questions asked concerning my ability, character, reputation, and employment record. I release all such persons from any liability or damages on account of having furnished such information.”

“I understand that all information given in this application will be kept confidential and will not be disclosed to anyone without my permission”

SIGNATURE _____ **DATE** _____