



Burke County REACT Team #3420

Application for Membership

PO Box 786, Drexel, NC 28619 (828) 874-4728 bcreact@hci.net

P E R S O N A L	Name:			Age:		
	Date of Birth :		Social Security #:		Sex:	
	Street Address:			City:		Zip:
	Mailing Address:			City:		Zip:
	Home Phone:		Work Phone:		Pager:	Mobile Phone:
	Driver's License #:		Vehicle Type:			
	Employer:				Years at current job:	
	Number in Family:	Members of family available for monitoring:		Days:	Nights:	Weekends:
		Members of family available for call-outs:		Days:	Nights:	Weekends:
	Have you been convicted of any misdemeanor in the last 3 years? ___ Yes ___ No					
Have you been convicted of any felony in the last 10 years? ___ Yes ___ No						
Do you have: ___ Base Station CB ___ Mobile CB ___ Handheld CB						
M E D I C A L	List any allergies (include foods) :					
	Do you have any chronic illness or physical handicap? If yes, explain:					
	Are you willing to donate blood? ___ Yes ___ No			Blood type:		
	Doctor's Name:			Doctor's Phone #:		
R E F E R E N C E S	List 3 references not related to you:					
	Name	Address			Phone #	
O T H E R	Do you belong to any other club or organization? ___ Yes ___ No		If yes, what?		Do you hold any office? If yes, what?	
	Have you ever served in the military? ___ Yes ___ No		If yes, list Branch, Rank, and duties:			
	Have you previously been a member of a REACT team? ___ Yes ___ No		If yes, list prior team and reason for leaving:			
	Were you recommended by a member of this REACT team? ___ Yes ___ No		If yes, who?			
<p>I do hereby agree to abide by all rules and regulations set forth in the monitoring guide and the Constitution and Bylaws of Burke County REACT Team #3420, Inc. I understand that upon my voluntary resignation or dismissal for cause from this organization I will be obligated to return to the organization, within seven (7) days, all items which are the property of the organization, including but not limited to those which bear any officially recognized REACT International or Burke County REACT Team identification.</p> <p>I hereby agree to all provisions of this application, and attest that all information contained herein is true and correct.</p> <p>Signature: _____ Date: _____</p>						

**** The applicant must include with this application, at his or her own expense, a certified copy of the applicant's criminal record****

FOR OFFICIAL USE ONLY	
Board Recommendation: ___ Accepted ___ Rejected	Board Chairman's Signature:
Reason for rejection:	