

# BEDFORD COUNTY



## WILDERNESS SEARCH TEAM

### Application for Membership

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Past Employment

Listed from most recent -

Employer	Address	Supervisor/ Manager	Position	Years Employed
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Past Emergency Service Memberships**

Listed from most recent-

Organization	Address	Position	Years as Member
1. _____			
2. _____			
3. _____			

**Certifications and Training**

Attach copies of all

Use additional sheets if necessary

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**References**

Name	Address	Phone #
1. _____		
2. _____		
3. _____		

**Emergency Contact**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_