Have you ever been a member of RPVAC previously? If so, when? Sr. Squad, y-Squad, Officer?

Do you have any relatives as members of RPVAC? If so, list names.

Have you ever been educated/Corps affiliate under a different name? If so, list names

Have you any physical limitations which may preclude you from performing any aspects of the job? If so, describe limitations.

Have you ever collected disability insurance? If yes, give dates and reasons.

Have you ever been convicted of a crime? If so, describe offense.

Availability:

Days: Nights: Weekends:

In the event of an emergency, whom would you like notified? Give Name, Address, Relationship, Day/Evening phone numbers:

Comments you feel may help us in determining your eligibility:

I hereby authorize inquire by the Corps of all statements contained in this application and release those individuals from any and all liability and damage resulting from or arising out of such investigations. I understand that any misrepresentation or omission of facts in this application is cause for immediate dismissal from the Corps.

I consent to taking a pre-membership physical exam and such future exams as may be required by the Corps. I agree to comply with all Rules and Regulations and By-Laws governing the Corps, and further agree to return any and all equipment and/or clothing loaned to me by the Corps upon relinquishing my membership in RPVAC.

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE.

Applicant's Signature _____

For Corps Use Only

Committee Members	Date Interviewed _____ Driver's License Number _____ DMV Abstract Obtained ☐	**RECOMMENDATION**	**Signature** _____ Sr. Committee Member