

# Charles County Dive Rescue, Inc.

P.O. Box 13, Pomfret, MD 20675  
Membership Application

Team Use Only										
Date Received:			Probationary Date:				Date Approved:			
Full Name:						DOB & SSN:				
Mailing Address:						Home Ph#:				
City, State, Zip						Work Ph#:				
Email Address						Cell Ph#:				
						Cell Carrier:				
Driver Lic #				State:						
Sex:		Height:		Weight:		Eye Color:		Hair Color:		
Emergency Contact Name:										
Relationship:						Contact #:				
Employer Name:						Job Title:				
Military (Branch?)		Highest Rank:		Date of Service:		Discharge Type:				
Education:		Year Graduated		Degree		Major				
College										
High School				N/A		N/A				
Are you or have you been a member of any other emergency service department, if so who (use reverse side if needed)?										
Are you a Diver?		Cert. Agency		Date Certified		Highest Rating				
Yes		No								
List any specialty dive training you may have:										
Summary of dive experience (type of diving, frequency, conditions, etc.):										
Why do you want to be a member and what are your goals (use reverse side if needed)?										
Where you referred by a current CCCR team member? (If yes, who?)										
References:	Name				Best Contact Number					
1)										
2)										
3)										
Have you ever been convicted of a crime or felony (include DUI & DWI)? If yes, give full details on reverse side.							Yes			
							No			
<b>Read and Sign Below:</b>										
FALSE or DISHONEST information may be grounds for dismissal at any time. Information is for team use and will not be disclosed to third parties. It may be considered in determining your fitness for membership and is subject to verification. By signing, you pledge all information is true and accurate to the best of your knowledge. Further, signature grants CCCR specific permission to conduct a full background check, including criminal and driving records.										
Signature:								Date:		