



Burke County REACT Team #3420

Application for Membership

PO Box 786, Drexel, NC 28619 Phone (828) 764-4576 Fax (828)764-4577

bcreact@charter.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:	Cell Phone:	E-Mail Address		
	Driver's License #:	Vehicle Type:				
	Employer:				Years at current job:	
	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					
	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			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?		If yes, what?		Do you hold any office? If yes, what?	
	Have you ever served in The military?		If yes, list Branch, Rank, and duties:			
	Have you previously been a Member of a REACT team?		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> <p>** The applicant will be provided a e-mail link to Background Investigation Bureau (BIB) before application will be processed. Background Investigation is at his or her own expense**</p>						
For Official Use Only						
Board Recommendation: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				Board Chairman's Signature:		
Reason for rejection:				Date Accepted		