

CENTRAL AID AGENCY

MEMBERSHIP APPLICATION

General Information

PLEASE READ AND INITIAL

I understand that I will be Held accountable to the C.A.A. Code of Conduct and any and all rules and regulations therein. _____

I understand that the C.A.A. is a faith-based organization and that Christianity is the central focus of our organization. _____

I understand that the C.A.A. regulates grooming and appearance, including tattoos and piercings; I certify that I do not have any tattoos or piercings that are out of regulation for my unit. _____

I understand that the C.A.A. is a uniformed organization, follows a chain-of-command, and is guided by policies and regulations; I certify that I will conform my personal conduct and behavior to this system for as long as I am in the service of this organization. _____

I certify that the information on this form is truthful and accurate, and that any issues that could affect my service in the C.A.A. have been reported to my Authorizing Officer. _____

Name: _____

(Last, First)

Middle Name: _____

Date of Birth: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Main Hand: Right Left Ambidextrous

Gender: Male Female

Driver's License #: _____

State Issued in: _____

What languages can you speak: _____

Do you have any prior experience, including military, search and rescue, law enforcement, or any other service oriented profession (including volunteer)?

If yes, list below: [] Y [] N

Attach separate sheet if needed

Contact Information	Criminal History
<p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Country: _____</p> <p>Postal Zip Code: _____</p> <p>Phone Number: _____</p> <p>Work Phone: (_____) _____ (If applicable)</p> <p>Cell Number: (_____) _____</p> <p>Email: _____ (Primary Email)</p>	<p>Have you ever been arrested, convicted of any crime, or received a major traffic citation? [] Yes [] No</p> <p>If yes, list charges: _____ _____</p> <p>If yes, when did this happen? _____ (Date)</p> <p>If yes, where did this happen? _____ _____</p> <p>List further details here if necessary:</p>

Health Information (Fill in as much as possible)	Employment Information
<p>Blood Type: _____</p> <p>Allergies: _____</p> <p>Notable Health Issues: _____ _____</p> <p>Attach separate sheet to back for more room if needed</p> <p>Are you currently taking any medications? [] Yes [] No</p> <p>If yes, for what? _____</p> <p>Who is your primary healthcare provider? _____ (If none leave below blank)</p> <p>_____</p> <p>Name of Doctor: _____</p> <p>Phone number: _____</p> <p>Email: _____</p>	<p>Are you currently employed: [] Yes [] No (If no, leave below blank)</p> <p>If yes, who is your employer: _____ _____</p> <p>Address of Employer: _____ _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Country: _____</p> <p>Postal Zip Code: _____</p> <p>Employer's Phone Number: _____ _____</p> <p>Employer's Email: _____ (If applicable)</p>

Emergency Contacts Information

(Can be parents or guardians)

Contact 1:

Name: _____

Relation: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Contact 2:

Name: _____

Relation: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Contact 3:

Name: _____

Relation: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

APPAREL FEE – CIVILIAN OPERATIONS
\$30

C.A.A. Information

(Filled out by Filing Officer)

Serial Number	
Rating	
Rank Grade	
Rank	
Command	
Unit	
Date of Authorization	
Sector of Recruitment	
Recruited by	
Authorized by	
Filed by	

[] I HAVE COMPLETED THIS FORM ENTIRELY AND ATTACHED ANY APPAREL FEES.

I hereby commit myself to the rules, regulations, and Code of Conduct of the Central Aid Agency, it's commitment to the common good, and the principles it stands for. I also release the C.A.A. from any and all liability as a result of my actions, assignments, or otherwise. I hereby authorize the C.A.A. to perform periodic background checks on me; make emergency medical decisions on my behalf; use my image, ideas, or otherwise, and to terminate my membership Rating at any time, for any reason they see fit. I recognize the fact that all C.A.A. Officers, NCOs, and Troopers are considered Mandatory Reporters in regards to incidents of abuse.

Signature of recruit

Signature of parent/guardian (If recruit under 18)

Signature of authorizing officer