

CENTRAL AID AGENCY

MEMBERSHIP APPLICATION

(APPLICATION FOR RANK AND RATING)

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 will follow these regulations and conform to these standards for as long as I am in the service of this organization. _____

I understand that the C.A.A. is a uniformed organization, uses a military style structure, 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. _____

Legal Name: _____

(Last, First, Middle)

Middle Name: _____

Date of Birth: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Main Hand: Right Left Ambidextrous

Legal Gender: Male Female Other

T-shirt Size (Circle): S M LG XL 2XL 3XL 4XL

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)

<p>Contact 1:</p> <p>Name: _____</p> <p>Relation: _____</p> <p>Home Phone: (_____) _____</p> <p>Cell Phone: (_____) _____</p> <p>Email Address: _____</p> <p>_____</p>	<p>Contact 2:</p> <p>Name: _____</p> <p>Relation: _____</p> <p>Home Phone: (_____) _____</p> <p>Cell Phone: (_____) _____</p> <p>Email Address: _____</p> <p>_____</p>																										
<p>Contact 3:</p> <p>Name: _____</p> <p>Relation: _____</p> <p>Home Phone: (_____) _____</p> <p>Cell Phone: (_____) _____</p> <p>Email Address: _____</p> <p>_____</p>	<p>C.A.A. Assignment Information (Completed by Authorizing / Filing Officer)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">Serial Number</td><td></td></tr> <tr><td>Rating</td><td></td></tr> <tr><td>Rank Grade</td><td></td></tr> <tr><td>Rank</td><td></td></tr> <tr><td>Rank System</td><td></td></tr> <tr><td>Command</td><td></td></tr> <tr><td>Unit</td><td></td></tr> <tr><td>Date of Authorization</td><td></td></tr> <tr><td>Sector of Recruitment</td><td></td></tr> <tr><td>Recruited by</td><td></td></tr> <tr><td>App. Approved?</td><td style="text-align: center;">[] Yes [] No</td></tr> <tr><td>Authorized by</td><td></td></tr> <tr><td>Filed by</td><td></td></tr> </table>	Serial Number		Rating		Rank Grade		Rank		Rank System		Command		Unit		Date of Authorization		Sector of Recruitment		Recruited by		App. Approved?	[] Yes [] No	Authorized by		Filed by	
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Rank System																											
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Authorized by																											
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APPAREL FEES

(YOU MAY PURCHASE AS MANY SHIRTS AS YOU LIKE, PLEASE STATE COLOR OF ADDITIONAL SHIRTS)

Type	Cost	What You Get
Standard Volunteer	\$55	1 Set of Chest Insignia 1 Green FBSU T-shirt 1 White BSU T-shirt
Free Agent	\$45	1 Set of Chest Insignia 1 Green FBSU T-shirt
Other Personnel	None	Equipment Issued

UNIFORM SIZE INFORMATION		
Your Height:		
Item	Size	Measurement (Inches)
Head / Hat		
Jacket		
Shirt		(Chest AND Arm Length)
Belt		
Pants		(Waist AND Inseam)
Boots		N/A
NOTE: Please include <u>BOTH</u> Size (Sm / Md / Lg / XL etc.) <u>AND</u> Inch Measurements.		

<p>Are you interested in joining a particular Command or Unit? <small>(List all that apply)</small></p>

Notes / Details (Any information ran out of room for anywhere above):

CENTRAL AID AGENCY

Liability & Legal Release Form

THIS IS A LIABILITY AND LEGAL RELEASE -- READ BEFORE SIGNING

RECRUIT NAME _____ DATE OF BIRTH _____
(Please Print)

IN CONSIDERATION of being permitted to participate in any way in the operations and activities of the Central Aid Agency, its partners, or its affiliates; I acknowledge, appreciate, and agree that:

1. That there is an inherent potential risk of injury from some activities the Central Aid Agency engages in, including the potential for permanent disability and death, and while particular protective equipment, policies, and training will minimize this risk, the risk of serious injury or death does exist;

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation, actions, postings, missions, assignments, or otherwise; and,

3. I understand that some activities of the Central Aid Agency are physically and mentally intense. I understand that I will be bound to the policies and Code of Conduct of the Central Aid Agency and will comply with all rules and regulations therein. I recognize that all Central Aid Agency personnel are considered Mandatory Reporters in regards to incidents of abuse; I swear and affirm I will not release sensitive or classified materials to anyone not authorized to receive them; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CENTRAL AID AGENCY, its affiliates, and the owners and lessors of premises used to conduct training or operations, their officers, officials, agents and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

5. I understand and agree that this Release of Liability Agreement covers each and every official activity or event SPONSORED, ENDORSED, or AUTHORIZED BY THE CENTRAL AID AGENCY or its affiliates in which I participate hereafter

6. I hereby grant permission to the CENTRAL AID AGENCY and its affiliates to use my photographic and digital likeness, voice sound, and any intellectual property created by me while on duty; in all forms and media for advertising, trade, and any other lawful or official purpose.

7. I hereby authorize the Central Aid Agency to make emergency medical decisions and interventions on my behalf, whether conscious or unconscious. I authorize the Central Aid Agency to create and access personal medical history relevant to providing treatment, care, or for the purposes of selection, hiring, or assignment.

8. I understand the Central Aid Agency reserves the right to terminate my membership, application, commission, certification, or rating at any time for any reason they see fit.

9. I understand that the Central Aid Agency prohibits any form of solicitation or distribution in working areas, during work time, or that uses agency resources, without prior authorization; and internally strongly supports union alternatives.

10. I hereby authorize the Central Aid Agency to make periodic background checks and drug tests, and that refusal or failure of such checks may result in discipline or termination.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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

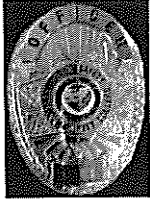
X _____ Date Signed: _____
RECRUIT SIGNATURE

FOR PARTICIPANTS OF MINOR AGE: (UNDER AGE 18 AT TIME OF APPLICATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the CENTRAL AID AGENCY and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE

X _____ Number: _____ Date Signed: _____
AUTHORIZING OFFICER SIGNATURE



Lane Community College Public Safety Department Criminal History Authorization



I give my permission for the LCC Public Safety Department to conduct a criminal history check on me. Information may be gathered through various sources including, but not limited to: LEADS, NCIC, DMV, or other regional and national computer databases.

Physical Identifiers:

Gender: Male Female

Ethnicity: A B H I W

Date of Birth				Social Security Number										
Month:		Day:		Year:										

Drivers License Number / Phone Number	State
/	

List all states that you have lived, worked, or attended school in since age 18:

List all other names that you have used including nicknames, aliases, and maiden name(s).

Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	

Print Name: First, Middle, and Last Name.

Signature	Date

A photocopy or FAX reproduction of this authorization and release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.