



# Investigation Waiver & Statement

I, \_\_\_\_\_, hereby give my permission freely to the Lakeland Emergency Squad, Inc. to check with my past first aid squad(s) or fire department(s) and to investigate through local, state, & federal authorities my driving and criminal records, for the determination of my suitability for membership in the Lakeland Emergency Squad, Inc.

I understand that any and all information received as a result of this waiver will be held in the strictest confidence by the Lakeland Emergency Squad, Inc.

I understand the type of work performed by the Lakeland Emergency Squad, Inc. and what is expected of its members. If accepted into the membership, I agree to govern myself in accordance with the Constitution, By-Laws, and SOPs of the Lakeland Emergency Squad, Inc. now in effect, as well as those that may take effect in the future. I hereby hold harmless the Lakeland Emergency Squad, Inc., its trustees, officers, and members for any injuries, incurred losses, or damages suffered by me in the service of the squad.

I also certify that I have no physical or mental disabilities, injuries, or illnesses which would make me unfit for the Squad activities. I agree that I will immediately inform the Lakeland Emergency Squad, Inc., both verbally and in writing, if in the future I do develop any physical or mental disabilities, injuries, or illnesses which would in any way affect my ability to perform any of my duties as a member of the Lakeland Emergency Squad, Inc.

I further certify that all statements made by me on both sides of this application are, to the best of my knowledge, true and correct. I fully understand that any falsification made by me on this application will be grounds for automatic rejection of this and any future applications made by me to the Lakeland Emergency Squad, Inc. I further understand that in the event I have given any false information on this application, I can be automatically dismissed from membership when such false information becomes known to the Lakeland Emergency Squad, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Official Use by the Membership Committee:**

We, the Membership Committee, Approve \_\_\_\_\_ Reject \_\_\_\_\_ the applicant named above for probationary membership in the Lakeland Emergency Squad, Inc.

**Reasons for determination:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

Probation Dates: \_\_\_\_\_

Copy of By-Laws Given to Applicant: \_\_\_\_\_ Applicant Initials \_\_\_\_\_ Date

Copy of SOPs Given to Applicant: \_\_\_\_\_ Applicant Initials \_\_\_\_\_ Date

Copy of Orientation Guide Given to Applicant: \_\_\_\_\_ Applicant Initials \_\_\_\_\_ Date