



MEMBERSHIP APPLICATION

(Please fully read and fill out the following)

Waterloo Regional
REACT

Waterloo Regional REACT 55 Northfield Drive East, Suite 197 Waterloo, Ontario N2K 3T6	Phone: (519) 658-7580 Fax: (519) 746-3781 Email: info@wrreact.com
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Type of Member:	<input type="checkbox"/> Full (18+ yrs)
	<input type="checkbox"/> Youth (12-17 yrs)

APPLICANT INFORMATION: *Please fill out completely.*

Applicant's Full Name:		Preferred Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
Permanent Mailing Address:			
City:	Province:	Postal Code:	Home Phone:
Date of Birth: (MM/DD/YYYY):		/	/
Occupation:		Present Employer:	
Address:			
City:	Province:	Postal Code:	Phone #:
Full Name of Emergency Contact Person:		Relationship:	
Emergency Contact Phone: Daytime		Evenings	

OTHER INFORMATION: *Please fill out completely.*

Email:	Blackberry PIN:
Driver's License #:	Cell
If necessary can you be called at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List any skills you possess (First-Aid/CPR training, etc.):	
Which organizations, to which you belong to, would take priority over REACT in an emergency?	
Other Interests:	

VEHICLE INFORMATION: *If applicable.*

Year:	Make:	Model:	Colour:
License Plate #:		License Class:	

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AUTHORIZATION/RELEASE

In consideration of myself being permitted to attend as a participant of any event attended, organized and/or sponsored by Waterloo Regional REACT, or at which its members participate, I hereby, for myself and my legal representatives, release and forever discharge Waterloo Regional REACT, its successors, assignees, officers, directors, agents, servants and members of and from all rights, claims, demands, and actions whatsoever I may not have or hereafter acquire, for all lost, damage, or injury, sustained by me or my equipment however caused at any event and I further agree to indemnify Waterloo Regional REACT, its successors, assignees, officers, directors, agents, servants and members from and against all claims, demands and actions whatsoever which may arise from the above.

I hereby authorize and consent that in conjunction to my application for membership, Waterloo Regional REACT reserves the right to research and verify the information I have provided on my application and perform an investigative report/background check on me.

I understand that the above noted investigative report/background check may be generated on me that may include, but is not limited to, information as to my character, work habits, performance and experience, along with reasons for termination of past employment, criminal history records from any criminal justice agency in any or all federal, provincial, and city jurisdictions, Department of Motor Vehicle/Drivers License Record to include traffic citations and registration, military records, company, firm corporation, present and/or past employers and public agencies, and any other public records.

I fully understand that Waterloo Regional REACT may be requesting information from public and private sources about any of the above noted information and I freely give my consent to Waterloo Regional REACT to do so.

I hereby authorize, without reservation, any one contacted by Waterloo Regional REACT to furnish the information described above.

I understand that this Authorization/Release shall remain in effect for the duration of my membership with Waterloo Regional REACT.

Further, I certify that the information contained on my membership application and this Authorization/Release is true and correct, to the best of my knowledge, and that my application or membership will be terminated based on any false, omitted or fraudulent information.

By signing below, I hereby agree to the above terms and acknowledge and confirm that all information given in the above fields is valid and if it changes for any reason I will notify Waterloo Regional REACT.

*


Signature of Applicant

**Signature of Parent or Guardian (if applicable)

Date

*If submitting form online, please check this box as your signature acknowledging the above terms. After completing your application, email it to info@wrrreact.com.

**If you are under 18 years of age, your parent/guardian MUST also sign.

The following is for office use only:

Application Received By _____	Date _____	<input type="checkbox"/> Applicant Contacted
Date of Interview: / /	Interviewed By: _____	Comments: _____
Signature of Interviewer _____	Date _____	Police Background Check Received: _____ Date _____