Application/Petition <b>Temple Security Unit</b> Al Malaikah Shrine							
Membership	o Type: 🗌 🛛	Regular	Probational	ry 🗌 Ass	ociate	] Honorary	
PERSONAI	L INFORMATI	ON			Today's Date		
First Name		Middle Name		Last Name		Suffix	
Other Name/Mon	iker/Nick/Alias used	Name of Spou	use / Lady (if any)	List first names	of children (if any)		
Address (Number a	and Street)	MailingBoth	Apt/Unit # City	( )	State	Zip Code	
Check Main Phon	ne Number: 🔲 Home	e 🗌 Cell Phor	ie	Work/Other	Phone	Extension	
Place of Birth: Ci	ty	County		State/Province Cour	ntry	Date of Birth	
Name of Lodge		Num	ber City	State	Date Raised a M	aster Mason	
List all Al Malaika		emberships and a	iny appendant bodies	to which you are a r	nember	Years a Shriner	
	n: 🗌 Law Enfo	rcement	]Military 🔲 S	ecurity 🗌 C	ther		
 Date(s)	Agency Name Position &		Position & Rank		Where: City, Sta	Where: City, State	
Date(s)	Agency Name Positio		Position & Rank		Where: City, State		
Date(s)	Formal Training (Academy, College, Training Center, etc.)			)	Where: City, State		
Date(s)	Formal Training (Academy, College, Training Center, etc.)			)	Where: City, State		
Start Date	Last or most recen	t Employer	] Check here if currer	t employer	employer Where: City, State		
End Date	Duties at above er	nployer					
(/ Phone Number	Name of	Supervisor	Reaso	on for Leaving	Check here if you do r	not want us to call	

## AL MALAIKAH SHRINE - TEMPLE SECURITY UNIT - APPLICATION

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Other Relevant Experience	(When, What, Wh	ere)			
List medical conditions of wh	nich we should be	aware that may af	fect your ability to perform	your duties. List any al	lergies.
I have never been arres	ted, or plead guil	ty or nolo contende	ere to or convicted of a c	rime other than a minor	traffic violation.
Date(s) Minor tr	affic violation(s) o	r DL suspensions i	n the last five years	Disposition/I	Result/Outcome
LICENSES					
Current Certifications:	🗌 EMT	🗌 CPR 🔲 F	irst Aid 🗌 CERT	Other	
Driver's License Number	Class State	Date Issued	Expiration Date Restri	ctions (e.g., corrective le	enses, hours, etc.)
CCW License #	Calibre	Expiration	Firearms Permit #	Calibre	Expiration
Guard Card #	Expiration	Baton Permit #	Expiration	Tear Gas Permit #	Expiration
Radio License # & Type Expiration		Other License	Expiration	Other License	Expiration
SIGNATURES					
Name of First Sponsor	Signature		Name of Second Spon	sor Signature	

I affirm the information I have provided in this application and any information I may provide for any background check is true and accurate to the best of my knowledge, and I hereby petition for membership as a volunteer to the Al Malaikah Temple Security Unit. I have been given a copy of the Temple Security Unit's by-laws and agree to conform to and abide by these by-laws, the unit's rules, procedures, policies, orders, and assignments, and those of Al Malaikah Shriners. I agree to abide by and follow the directions, assignments, and orders of those having rank over me and of the leadership of this unit under its chain of command. I agree to pay on time any application fees, dues, assessments, and penalties as set forth in the unit's by-laws. If requested, I agree to submit any information required for a background check and a current headshot photograph of myself (for office use only, not to be made public), and I authorize such background check to be conducted and information obtained therein to be reviewed by the Membership Committee and Chief. If requested at any time, I agree to submit to a drug screen test. I acknowledge that my membership in the Temple Security Unit is voluntary and dependent on the acceptance of my application, any background checks, and a vote of the membership pursuant to the rules set forth in the unit's by-laws, and that my application can be rejected for falsification of information or my membership terminated for any reason as set form.

By signing this application, I,	(print first,	middle,	last	name),
understand, concur, agree to, and affirm all the information contained herein.				

APPLICANT: Print First, Middle, Last Name			Signature	Date Signed	
Emergency Contact Name		Emergency Contact's relation to applican		cant Emerg. Contact Number	
FOR OFFICE US	E ONLY				
\$ Application Fee	\$ Dues	Date Received	Date Voted	Date Accepted	Received by (Name)