

# Allen Pearson Emergency Services Foundation



[www.allenpearsonfoundation.org](http://www.allenpearsonfoundation.org)

## Application for Membership

This is the application for the Allen Pearson Emergency Services Foundation. Foundation was created in 2009 by the family and friends of Detective Allen Pearson to honor his life and legacy for the sacrifice he made to the citizens of the State of North Carolina and Lenoir County. This foundation wants to continue Allen's work and serve others by helping the emergency service workers that protect the citizens and community every day.

Membership in this Association is a commitment. Any person of good moral character, physically sound, and who has attained the age of 18 may submit an application for admission to the Foundation. The applicant must have a written application on file with the Board of Directors at least seven (7) days prior to the board meeting.

To do this, we will serve the many departments and workers that are paid and volunteer law enforcement officers, firefighter, and emergency medical personnel who serve their communities across the State of North Carolina through financial and physical support. We are recognized by the State of North Carolina and the Internal Revenue Service as a 501 c (3) non-profit charitable organization.

All applicants must undergo a complete criminal background check before being submitted to the Board for approval. Prospective members may be required to have a medical physical before being accepted. Due to the work performed by our foundation and the duties required of its members, APESF reserves the right to accept or reject this application due to the findings of these checks.

Thank you for your interest in Allen Pearson Emergency Foundation.

Board of Directors  
Allen Pearson Emergency Services Foundation



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I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my membership, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am approved for membership.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR INTERNAL USE ONLY:**

**Recommended for Membership:**

**Not Recommended:**