



APPLICATION FOR VOLUNTEER MEMBERSHIP

MINERAL POINT RESCUE SQUAD, INC.
907 Ridge Street, P.O. Box 245
Mineral Point, Wisconsin 53565
Phone: 608-987-2752 FAX: 608-987-1544
E-mail: mineralpointems@gmail.com

Name _____ Phone _____ Date of Birth _____

Address _____
street city state zip

Mailing Address (if different) _____

Driver License # _____ E-mail _____ SSN _____

Highest Level of Education? Currently in high school – grade? _____ High school grad or GED
 College – # of years? _____ major/specialty? _____

Current Employer _____ Years with Employer _____
name city state

Reason and/or Goal for Joining MPRS?

References _____
name 1 phone 1

name 2 phone 2

By signing below, I maintain that the information I have provided is true and accurate to the best of my knowledge and give consent for Mineral Point Rescue Squad, Inc. to conduct a required background check. I hereby apply for membership in Mineral Point Rescue Squad, Inc.

Applicant Signature

Date

Guardian Consent for Applicants Under the Age of 18

- I hereby give permission for the above applicant to become an active ride along with the Mineral Point Rescue Squad, Inc.
- I attest to the fact that he/she is at least sixteen (16) years of age and is capable of serving the functional role of a volunteer emergency worker unless noted otherwise in writing and submitted with this application.
- The duties, which the applicant will assume, are those of a professional. While the applicant is a ride along with the Mineral Point Rescue Squad, Inc., I understand that he/she will be expected to respect patient confidentiality.
- I understand that he/she will be expected to satisfy certain ride along requirements by completing a specific duty, and by attending regularly scheduled drills, meetings, and functions.
- I will maintain contact with the Service Director and/or Training Officer if I should see any negative repercussions (academically, physically, or emotionally) as a result of my child's involvement with the Mineral Point Rescue Squad, Inc. I understand that counseling is available through the Department of Emergency Medical Services, if so warranted.
- I will make immediate report to the Service Director and/or Training Officer of any unusual circumstances so that the appropriate action(s) may be taken.

My signature below confirms my agreement to the above terms.

Parent/Guardian Name

Parent/Guardian Signature

Date