

**APPLICATION FOR MEMBERSHIP
IN
THE MINERAL POINT RESCUE SQUAD, INC.**

NAME _____

ADDRESS _____
street city state zip

HOME PHONE _____ WORK PHONE _____

EMPLOYER _____ YEARS WITH EMPLOYER _____

BIRTHDATE _____ DRIVER LICENSE # _____

SSN _____ YEARS OF SCHOOLING COMPLETED _____

EMAIL ADDRESS _____

YES NO - I will be willing to accept correspondence from MPRS via email.

MAJOR OR SPECIALTY IF POST HIGH SCHOOL _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

(Wisconsin law prohibits the issuance of an EMT license to certain convicted felons)

Do you agree to let MPRS and/or their insurance companies conduct a background check of your driving record? YES NO (This will remain confidential)

Name of sponsoring MPRS member _____

Other references: _____

name

name

address

address

city

state

zip

city

state

zip

phone number

phone number

DO YOU CLEARLY UNDERSTAND & AGREE TO ACCEPT THE FOLLOWING CONDITIONS IF YOU ARE GRANTED MEMBERSHIP IN THE MINERAL POINT RESCUE SQUAD?

YES NO

I agree to enroll in a scheduled EMT class in the SWTC (Fennimore) district within 6 months of my acceptance as a provisional member of the MPRS.

I understand that exceptions can be made to the above in special circumstances. (Exceptions must be requested & granted in writing, with copies placed in member files)

YES

NO

I understand that once I have enrolled in a class, the MPRS is committed to pay for my EMT basic education. Should I withdraw before completion of the course, I agree to reimburse the MPRS for any expenses incurred on my behalf. (approx \$400+ course fee/approx \$200+ book fees)

I agree to pursue certification in whatever is the level of service in the MPRS. (EMT-Basic is mandatory, EMT-Intermediate Technician is optional)

I understand that initial training may involve in excess of 144 training hours, with additional training hours required to attain EMT-I status should I choose. I further understand & agree that I must pursue 48 hours of continuing education in every 2-year period, as mandated by the MPRS bylaws. (This does include the mandatory 30-hour EMT Refresher course every other year. To retain National Registry status, however, the Refresher course would be IN ADDITION to 36 hours of continuing education during that 2-year period.)

I agree to sign up for "On-Call" status for the minimum times per month as a member (or provisional member) of MPRS - ask sponsor for details.

I understand that my membership will be provisional until I complete the required EMT-Basic course and probationary period, at which time I will become a full & active member of the MPRS.

I understand that the duties of an EMT may involve physical effort, and I state that my physical health & condition will not hinder, or prevent, my ability to perform those duties.

I understand that my membership in MPRS will require that I be present & participate on certain committees & at certain events, including fundraising, and I agree to the time commitment that these events will require.

I agree to accept & abide by all the Bylaws, Standard Operating Procedures, and protocols and any other rules governing the membership of MPRS.

I understand that the laws of the State of Wisconsin, Dept. of Health & Family Services, Dept. of Transportation, DIHLR & OSHA, govern, to a certain extent, the actions and operation of a licensed provider of EMS Services in the State of Wisconsin, and I understand & agree to accept all rules & restrictions placed on my by the Mineral Point Rescue Squad (MPRS) as it conforms to the guidelines imposed by these governmental bodies.

I understand & agree that I must appear in person at a regularly scheduled meeting of the MPRS in order to be considered for membership. I also understand that my petition for membership will not be acted upon until the monthly meeting following my appearance and introduction to the members of the Mineral Point Rescue Squad.

I maintain that the information I have provided is true and accurate to the best of my knowledge. I hereby apply for membership as an EMT in the Mineral Point Rescue Squad, Inc.

Signature of Applicant

Date

Signature of Sponsoring MPRS Member

Date