

NEW HOLSTEIN FIRST RESPONDERS
MEMBERSHIP APPLICATION

PERSONAL INFORMATION: (Please Print)

Name _____ Social Security # _____
Address _____ Phone # _____
Valid Driver's License _____ Yes _____ No _____ Marital Status _____
List Any Previous EMS Training _____

(Attach Copies of Certificates)

EMPLOYMENT:

Present Employer _____ Phone # _____
Address _____ Job Title _____
Shift _____ In Case Of An Emergency, Can You Be Called Away From Work? _____

EDUCATION AND MILITARY SERVICE:

Name And Location of High School _____
Highest Grade Completed _____ High School Graduate _____ Yes _____ No _____
Year Graduated _____ College/Technical School _____
Dates of Military Service, Branch of Service, Rank and Type of Discharge _____

REFERENCES:

Former Employers 1) _____ 2) _____
Character References 1) _____ Address _____
2) _____ Address _____

IN CASE OF ACCIDENT OR SERIOUS ILLNESS NOTIFY:

Name _____ Address _____
Phone # _____

AGREEMENT:

I hereby certify that the above information is true and complete. I hereby agree to observe and comply with all rules and regulations of the New Holstein First Responders, to take any and all training required by the New Holstein First Responders within my first year as a member of the First Responders and take any additional training required thereafter. Any violation of rules or failure to accept required training will be cause for dismissal from the New Holstein First Responders.

Signed _____ Date _____