

Minster Area Life Squad, Inc.

Membership Application

Name _____ Date _____

Driver's License # _____ Exp. Date _____

Date of Birth _____

Address _____

Email Address _____

Phone number: Home _____ Cell _____

Employer _____

Have you ever pled guilty to or been convicted of a felony? Yes ___ No ___

In case of emergency call _____

If employed in Minster, can you run from work? Yes _____ No _____

Training sought: EMR ___ Basic EMT ___ Advanced EMT ___ Paramedic ___

Do you have any previous training? Yes _____ No _____

Have you previously been a member of any rescue squad? Yes _____ No _____

If yes which squad? _____ When _____

Explain your reason for leaving _____

Shift desired: 6am – 6 pm _____ 6pm – 6 am _____ other _____

Education/training

High School attended _____

City/State _____ Did you graduate? yes ___ no ___

GED? Yes _____ No _____

College Graduate? Yes _____ No _____

Additional Skills / Training / Experience

Please summarize any special or additional job-related skills and /or qualifications. Do not list any information relating to race, color, religion, sex, national origin, age or other protected classes.

Employment

If you are currently employed, may we contact your employer? Yes _____ No _____

Employer _____ Since _____

Address _____

City _____ State _____ Zip code _____

Contact person _____ Phone number _____

It is the policy of the Minster Area Life Squad to vote on all prospective members, at the next scheduled meeting. It is also our policy to provide training, uniforms, and equipment to new members.

After Certification, new members are required to serve: Basic/Advanced EMT - 1 year minimum, Paramedic- 2 year minimum

If a new member is unable to serve the minimum required time and must resign prior to that time, that member will be required to reimburse the Minster Area Life Squad for the training provided.

Personal References:

Name: _____ Relationship: _____

Contact number: _____

Name: _____ Relationship: _____

Contact number: _____

Acknowledgements & Consents

All Applicants - Please read the following and address any questions to the screening committee before signing.

- ⌚ I affirm that the information provided on this application or in connection with the processing of this application and any other accompanying documents are true and complete to the best of my knowledge. I understand that if admitted, false statements, significant omissions, or misleading information regardless of when discovered, may on or in connection with my application and accompanying documents may result in dismissal.

- ⌚ I authorize investigation and verification of all information contained in this application and any other accompanying documents as may be necessary in arriving at a membership decision.
- ⌚ I authorize all persons, schools, companies, former employers, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from any liability resulting from such information.
- ⌚ I acknowledge that the organization may request, as a condition of an offer of membership that is made or for continued membership, that I undergo a medical exam, drug testing or alcohol testing and I consent and agree to any such exam, if required now or in the future. I understand that when drug or alcohol testing is required, a satisfactory result may be a condition of membership.
- ⌚ I understand that federal law prohibits the acceptance of unauthorized aliens and requires satisfactory proof of citizenship in the form of a valid driver's license.
- ⌚ If accepted as a member I will completely read and remain familiar with the organization's membership handbook, policies and current protocols.
- ⌚ I understand that if I become a member, my membership is for no fixed period and is at-will. I understand that I could be terminated at any time for any or no reason and I understand that I may quit at any time for any or no reason. This understanding cannot be altered by anyone unless it is in writing and signed by the president of the organization.
- ⌚ I understand that this application does not create an offer of membership.
- ⌚ I understand that this organization is an Equal Opportunity Employer.

I have read and understand the above notice, including the at-will basis of employment. I, as a prospective member of the Minster Area Life Squad, do understand the stipulations of this application, and further understand and agree to the requirements of the minimum service.

Applicant Signature _____ Date _____

Witness _____ Date _____

**** Return to Minster Area Life Squad, P.O. Box 60, Minster, OH 45865 ****

For official use only:

Membership: Accepted _____ Denied _____

President _____ Date _____

Chief _____ Date _____