

# Minster Area Life Squad, Inc.

## Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ Exp. date \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

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: Basic EMT \_\_\_ Intermediate EMT \_\_\_ Paramedic \_\_\_

Do you have any previous training? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously been a squad member? 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.

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## 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 / Intermediate EMT - 1 year minimum
  - Paramedic - 2 years minimum

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

## 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 membership authorization and identity. All persons admitted must submit satisfactory proof of employment authorization and identity. Please have necessary documents promptly available for inspection as required by law.

- If accepted as a member I will completely read and remain familiar with the organization's membership handbook and other policies.
- 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 can not 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.

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Applicant Signature Date

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Witness Date

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

**For official use only:**

Membership: Accepted \_\_\_\_\_ Denied \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_