



Troutland Rescue Squad

White Lake, Wisconsin 54491

Notice to Members

Members,

Troutland Rescue is required to obtain a driving record, back ground check and a credit check for all members.

Please provide the following information.

Name _____ Alias if applicable _____

Address _____

Phone # _____

Date of birth _____

S.S. # _____

By signing below gives Troutland Rescue permission to run these checks, all information will be kept secure and private.

Thank You.

Signature _____ Date _____

Duty to act as an EMT

As a Licensed EMT by the state of Wisconsin, Operating under the License of Troutland Rescue Squad Inc. Medical Director.

As Stated by state of Wisconsin, EMT's that are employed by or that receive any form of compensation from a Service Provider, have a Duty to Act.

As a service Provider to our service area, from which We receive funding to provide 24/7 EMS service. We must make and keep a schedule to insure that EMS service to the area shall be covered.

As a member of Troutland Rescue Squad Inc. Operating under the direction of the state of Wisconsin and Troutland Rescue Medical director. EMT's have a duty to act while scheduled for a shift. Failure to cover assigned shift or seek coverage for that shift, shall be negligent, and could result in malpractice of said EMT.

I have read, understand and agree to the above statement, That as a Licensed EMT by the state of Wisconsin and employed by Troutland Rescue Squad Inc. I have a duty to act while scheduled on call for Troutland.

Printed Name _____

Signed _____ Date _____

Troutland Rescue Squad, Inc.
EMT Membership Application Date: _____

Contact Information

EMT Name _____
(Last) (First) (Middle Initial)

Address _____ Date of Birth _____

City _____ State _____ Zip _____ Email _____

Contact Numbers () _____ () _____ () _____
(Home) (Work) (Cell Phone)

Social Security Number (used for your personal EMSS site) _____

Emergency Contact Name

Name _____
(Last) (First)

Address _____

City _____ State _____ Zip _____ Email _____

Contact Numbers () _____ () _____ () _____
(Home) (Work) (Cell Phone)

Current Certifications (Photocopies of each will be needed for your records)

CPR Card	_____ American Heart	_____ Red Cross	Expires _____
WI State EMT Card	# _____		Expires _____
National Reg. Card	# _____		Expires _____
Driver License	# _____		Expires _____
Other Certifications	_____		

Please give a brief explanation of why you would like to join T.R.S. as an EMT _____

Employment for Past 3 Years

Present or Last Employer: Name _____

Supervisor or Reference Name _____ Contact Phone #: () _____

Position Held & Responsibility _____

Reasons For Leaving _____

Previous Employer: Name _____

Supervisor or Reference Name _____ Contact Phone #: () _____

Position Held & Responsibility _____

Reasons For Leaving _____

Previous Employer: Name _____

Supervisor or Reference Name _____ Contact Phone #: () _____

Position Held & Responsibility _____

Reasons For Leaving _____

Character References (Please provide two non-family members)

Name: _____ Contact Phone # () _____
Name: _____ Contact Phone # () _____

Health History

Yes	No		Yes	No	
___	___	Head, back or spinal injuries	___	___	Nervous Stomach
___	___	Seizures, fits, convulsions or fainting	___	___	Rheumatic fever
___	___	Extensive confinement by illness or injury	___	___	Asthma
___	___	Cardiovascular disease	___	___	Kidney disease
___	___	Tuberculosis	___	___	Muscular disease
___	___	Syphilis	___	___	Suffering from any other disease
___	___	Gonorrhoea	___	___	Permanent defect from illness, injury
___	___	Diabetes	___	___	Psychiatric disorder
___	___	Gastrointestinal ulcer	___	___	Any other nervous disorder

If answer to any of the above is yes, explain _____

Violation History

Have you had any traffic violations in the past 3 years? ___ Yes ___ No

If yes, explain _____

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, explain _____

The EMT position with T.R.S. often requires lifting of patients over 200 lbs with the assistance of one other driver and one other EMT. Will you be able to physically handle this part of the job responsibility? ___ Yes ___ No

If no, explain _____

I, the above named party, understand that this is a preliminary application for membership to Troutland Rescue Squad, Inc. Probationary status may be granted pending satisfactory completion of all requirements and favorable report on required background checks. Probationary status will be for a minimum of one year from receipt of an approved State of Wisconsin Temporary Training Permit (longer if the primary officers deem necessary). Full membership will be granted after the probationary period and by a vote of the members of the Troutland Rescue Squad, at the next regular meeting following the probationary period. If I decide to attend an EMT class, TRS will hold a check for the amount of the class and supplies until I have successfully completed the class. I understand the above conditions and terms and intend to abide by them.

Name (Print) _____

Signature _____

Officer Witnessing Signature _____

Date Signed _____

Troutland Rescue Squad Personnel File

Date: _____

Name: _____

Address: _____

Phone: _____

Employer: _____

Address: _____

Date of Birth: _____

Social Security No: _____

Driver's License No: _____

Married: _____ Year: _____

Date Joined Squad: _____ Date Terminated: _____

Reason: _____

Any traffic violations in the past 3 years? ____ yes ____ no

If yes, for what? _____

Have you ever been convicted of a crime? ____ yes ____ no

If yes, was it a felony? _____ misdemeanor? _____

and also for what? _____

EQUIPMENT ISSUED

Item	Ser. No or Size	Date Issued	Date Returned

Offices Held

Title	From	To	Remarks	By