NEW HOLSTEIN FIRST RESPONDERS MEMBERSHIP APPLICATION

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 obser and comply with all rules and regulations of the New Holstein First Responders, to take 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. Ar violation of rules or failure to accept required training will be cause for dismissal from the	PERSONAL INFORMATION:	(Please Pri	nt)			
Address	me Social Security #					
CAttach Copies of Certificates) EMPLOYMENT: Present Employer	Address			Phone #		
(Attach Copies of Certificates) EMPLOYMENT: Present Employer	Valid Driver's LicenseYes List Any Previous EMS Training	No				
Present Employer	(Atta	ach Copies of				
EDUCATION AND MILITARY SERVICE: Name And Location of High School Highest Grade Completed		1				
EDUCATION AND MILITARY SERVICE: Name And Location of High School Highest Grade Completed	Present Employer	15		_ Phone #		
EDUCATION AND MILITARY SERVICE: Name And Location of High School Highest Grade Completed	Address		Job Title			
Dates of Military Service, Branch of Service, Rank and Type of Discharge	EDUCATION AND MILITARY	SERVICE:				
Character References 1) Address	Year Graduated Colle	geri echnicai S	CU001			
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Signed Date	Signed		, E	Date		