

Watkins Ambulance and Rescue Squad

PO Box 378

Watkins, MN 55389

If you have any questions at all, please don't hesitate to contact one of the welcoming committee members.

Pam Loch (320) 764-2405

Julie Hilsen (320) 398-5230

Heidi Donnay (320) 764-5126



Watkins Ambulance and Rescue Service
PO Box 378
Watkins, MN 55389

Application For Membership

Name: _____ Date: _____

Phone: (Home) _____ (Cell) _____

Address: _____

Email: _____

Employed By: _____ Phone: _____

List Previous Employers and Dates of employment:

1. _____ From: _____ To: _____
2. _____ From: _____ To: _____
3. _____ From: _____ To: _____

Have you consulted with your employer about joining the ambulance and rescue service?
Yes _____ No _____

May the ambulance and rescue service speak with your employer and/or supervisor?
Yes _____ No _____

Have you talked with your family about joining the ambulance and rescue service?
Yes _____ No _____

Do you have any medical problems that would prohibit your ability to perform expected duties of the service?
Yes _____ No _____ If yes, explain: _____

Do you have a current Drivers License? Yes _____ No _____

Are you currently on probation? Yes _____ No _____

Have you ever been convicted of a felony, theft, or assault? Yes _____ No _____

If yes, explain (including offense, date, and location): _____

Previous First Aid, CPR, and/or First Responder training: _____

List any Restrictions that may limit your attendance at rescue calls, meetings, or trainings:

List three references and their phone numbers:

1. _____
2. _____
3. _____

If accepted, I agree to Abide by the Rules, Regulations, Policies, Ordinances, and By-Laws as set forth by the Watkins Ambulance and Rescue Service. A copy of these materials will be furnished.

Signature

For Ambulance and Rescue Service members only:

Date Received: _____

Date of Application Review: _____

Date of Interview: _____

Signatures of two members interviewed by:

1. _____
2. _____

Date of Membership vote: _____

Results: Approved _____ Rejected _____