

**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.**

Kelly Kelley (320) 260-4692

Julie Hilsen (320) 398-5230

Pam Loch (320) 764-2405

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 \_\_\_\_\_