



# Cassville Rescue Squad

P.O. Box 666

Cassville, WI 53806

Email: [cassvilleems@yahoo.com](mailto:cassvilleems@yahoo.com)

## Cassville Rescue Squad Volunteer Membership Request

Name:		
Address:		
Telephone:		
Home:	Cell:	Main:
Email:		
Social Security Number:		
WI Driver's License Number*:		
<small>*For insurance records, we must ask for a copy of your Driver's License and request a Driving Record.</small>		
Employer:		Occupation/Title:
Employer's Address:		
Employer's Phone/Contact Information:		
Other Relevant Employer information /experience:		
High School:		Level of Completion:
College:		Level of Completion:
Position in which you are interested in:		
<input type="checkbox"/> Driver <input type="checkbox"/> First Responder <input type="checkbox"/> EMT-Basic <input type="checkbox"/> RN <input type="checkbox"/> Other/Administrative:		
List other:		
Please tell us about any prior volunteer and/or EMS experience you have had:		
Have you ever been a member of another Fire or EMS organization?		
If yes, where (list all and main contact)?		
Please tell us what interests you in becoming a member of the Cassville Rescue Squad?		
Were you referred by an active or past member of the Cassville Rescue Squad? Who?		

Do you have any prior arrests/convictions?		
If so, please list:		
Do you have any concerning Medical Conditions? (that might interfere with your ability to perform your duties as a volunteer)		
If so, please list:		
Are you willing to get a Fit for Duty physical exam? (see Article III, Section 8 of Bi-Laws)		
Current Training/Certifications/Licenses	Expiration Date	Cert/License #
CPR		
First Responder		
EMT Level:		
RN		
EVOC		
Other:		
References:		
<i>(Please provide three references that are not living with you. Please do not include family members or our current rescue squad members. References must be 18 years of age. Information must be submitted on the Volunteer Membership Reference form provided. )</i>		
Name, Address, Phone:		
Name, Address, Phone:		
Name, Address, Phone:		

## Agreement

I certify that answers given herein are true and complete. I hereby grant the Cassville Rescue Squad, Inc. permission to request any school of learning, past or present employer, government agency that maintains driving records or law enforcement agency to release information contained in their records for use in conducting research specifically related to my suitability as a volunteer with the Cassville Rescue Squad. Any exceptions to the above permissions granted will be listed in my written statement and submitted with this membership request. I understand this information is for use by the Cassville Rescue Squad and will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it and the authority for its release.

I understand that any misrepresentation of facts in this membership request will be considered just cause for dismissal at the discretion of the Cassville Rescue Squad, Inc. In the event that I am accepted to this organization as a volunteer member, I understand that I am required to abide by the Bi-Laws, policies and procedures and protocols of the Cassville Rescue Squad, Inc.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicants Name (print)	Applicants Signature	Date
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All applicants shall read the Cassville Rescue Squad, Inc. Bi-Laws, including the Mission and Vision Statements and Core Values.

BY SIGNING BELOW, I certify that I have read and agree with the Bi-Laws, including the Mission and Vision Statements and Core Values of the Cassville Rescue Squad, Inc. I also agree to meet the training requirements and time requirements to obtain such training to become a member and retain my membership with the Cassville Rescue Squad.

Applicants Signature: _____	Date: _____
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## Cassville Rescue Squad Volunteer Membership Reference Form (3 Required)

**Applicant is requesting membership with the Cassville Rescue Squad, Inc. in the following capacity:**

\_\_\_\_ EMT-Basic \_\_\_\_ RN \_\_\_\_ First Responder \_\_\_\_ Driver \_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ has requested volunteer membership with the Cassville Rescue Squad and has provided you as a reference. Please complete the following and return this form as soon as possible to the address above and Attn: Chief. A signed copy of the applicant's PERMISSION FOR RELEASE OF INFORMATION on his/her membership request form is on file at the Cassville Rescue Squad's building office.

1. How long have you known the applicant? \_\_\_\_\_
2. Is your knowledge based on \_\_\_\_ Personal \_\_\_\_ Business \_\_\_\_ Other: \_\_\_\_\_  
Please explain: \_\_\_\_\_

3. Please comment on the following as they apply to the applicant:

	Excellent	Good	Fair	Poor	N/A	Explain:
A. Trustworthy						_____
B. Loyalty						_____
C. Reliable						_____
D. Punctual						_____
E. Attitude						_____
F. Integrity						_____
G Community Service						_____

4. If the applicant has worked for you, would you rehire him/her? \_\_\_\_ yes \_\_\_\_ no  
If no, explain why not: \_\_\_\_\_

5. Please comment on how you feel the applicant would perform as a volunteer rescue squad member: \_\_\_\_\_  
\_\_\_\_\_

6. How well does the applicant work with others? \_\_\_\_\_  
\_\_\_\_\_

7. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

***Thank you for your time and attention on this applicant's behalf -- the Cassville Rescue Squad.***