JANESVILLE FIRST RESPONDERS MEMBERSHIP APPLICATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ Cell Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Significant Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name and phone#):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours/Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Disabilities or Restrictions: \_\_\_\_\_YES\_\_\_\_\_NO. If yes give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Experience or Training: \_\_\_\_\_\_YES\_\_\_\_\_\_NO. If yes give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of day you are available to be “ON CALL”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Each new member shall be on probation for a period of six (6) months following acceptance to the Janesville First Responders (JFR) and are encourage to come to as many calls and activities as time allows. At the next regular business meeting after the probationary period, the new member shall be voted on by a majority of the members present. Votes will be cast by written ballot. Following the vote, the member will become either a formal or student member (depending on current level of certification) with all rights to participate fully in any and all activities.**

a) Probationary members with current EMR level (or higher) training may treat patients with supervision.

b) Probationary and Student members without current EMR level (or higher) training may participate on an observational basis on calls. Probationary and student members may not treat patients but may perform CPR after appropriate training. They both may participate in training, assist with public relations activities, fundraising, grant writing, educational outreach, and related non-clinical activities.

**Student members without current EMR level (or higher) will be required to complete the next available Emergency Medical Responder (EMR) class for certification.**

a) A two (2) year commitment following certification is required in return for the JFR providing funds for the EMR certification costs.

b) An additional two (2) year commitment is required in return for the JFR providing partial funding for EMT certification costs. This funding will be equivalent to the cost of current EMR training

c) Any member who resigns before the end of the above mentioned commitment period(s) shall refund the Janesville First Responders for the member’s training costs. The amount will be prorated based on the remaining time left of the commitment.

**By Signing below, you are stating you understand the Janesville 1st Responders is not a social club. As a member of this department you are expected to give freely of your time will be required to participate in department activates, including but not limited to: monthly meetings, trainings, community outreach opportunities, sign up for On Call shifts, respond to all types of calls, day and night, week and weekend, and maintain appropriate certification. Being an Emergency Medical Responder can be time consuming and stressful at times but is an extremely rewarding to help someone in need.**

**Before signing this application, please take the time to discuss with your family what is expected of you to become a part of the Janesville 1st Responders.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Use:

Date Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“Because We Care”