



APPLICATION

Name (Print):

Licensure: *(Circle)*: EMR, EMT, AEMT, Paramedic, CCTP, RN, NP, PA, MD, Retired

Street Address:

City, State ZIP Code:

Date of Birth:

Primary Phone:

Secondary Phone:

Email Address:

Department or Organization:

Military Experience N/A

Please describe any military experience you may have

Related Experience

Please tell us any related experience you may have (i.e., color guard, band or other honor guard experience)

Work Experience

Tell us about your experiences in EMS

Your Reason for Joining

Tell us why you want to join the Honor Guard



APPLICATION

Membership Levels

Due to the large financial and time investment made into each member, certain levels are obtained through your participation in the Honor Guard.

Probationary: New members shall attend 3 drills, and pass the skills test before being allowed to perform in a class A uniform. The Executive Board may realize previous military or HG experience and grant new members advanced standing. In either case, a member must perform the skills checklist successfully prior to being allowed full performance in a class A uniform.

- A. **New Members:** shall attend 3 drills, and pass the skills test before being allowed to perform in a class A uniform. The Executive Board may realize previous military or HG experience and grant new members advanced standing. In either case, a member must perform the skills checklist successfully prior to being allowed full performance in a class A uniform. They shall neither have a voice nor a vote in WI EMS HG affairs, and maybe promoted or dismissed upon review of the Executive Board.
- B. **Full Member:** Are personnel who have completed their Probationary duties and have been approved by the Executive Board. Full Members shall be issued a full WI EMS HG uniform and all of the accessories associated with it. All Full Members shall maintain a 50% attendance of ALL drills held. Full Members shall only be considered for attending conferences, National Memorial and any other functions if they maintain their training as per training policy.

History

Have you been charged with a felony, gross misdemeanor, or misdemeanor in the last 5 years? If yes, please attach an explanation to this application.

Yes No

Agreement and Signature

The WI EMS Honor Guard has the right to verify any or all of the information you have provided on this application. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal or denial of membership. In connection with this application, I authorize the WI EMS Honor Guard to conduct an inquiry into any information contained within this application. I, hereby, **release** the WI EMS Honor Guard and any agent acting on its behalf from any and all liability whatsoever regarding the accuracy of this information. I understand I am a member of a *District*, I hold the *District* and *State Association* harmless from any injury or claim that I may arise. I am not authorized to act on or speak on behalf of the *District* or state association, nor may I incur any expense or liability on behalf of said organizations.

Signature: _____

Name (Printed): _____ Date: ____/____/____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please submit your completed application to: Craig@wiemshonorguard.org
or USPS mail to: WIEMSHG 1320 Blue Jay Pl, New Richmond, WI 54017