



Minnesota EMS Honor Guard

MEMBERSHIP APPLICATION

Date:	
Name:	
Date of Birth (if under 18):	
Mailing Address:	
City, State, Zip:	
Department or Organization:	
Work Phone:	
FAX:	
Home Phone:	
Cell Phone:	
Pager:	
Home E-mail Address:	
Military Experience:	
Related Experience:	
Work Experience:	
Your Reason for Joining:	

A. **Limited Performing Members** are personnel who express an interest in joining MN EMS HG and pursue development towards that end must maintain attendance of fifty percent (50%) of drills held; shall not have the use of any uniforms or MN EMS HG related equipment; shall have neither voice nor vote in MN EMS HG affairs; and may be promoted or dismissed by the respective section leader, upon review from the Executive Board.

B. **Full Performing** personnel who possess the skills sufficient to perform, but do not yet qualify for - or desire - Voting Membership. Performing recruits may be issued a MN EMS HG uniform; must maintain specified abilities; must maintain attendance of fifty percent (50%) of drills held; and shall have neither voice nor vote in MN EMS HG affairs. After six (6) months they may be promoted or dismissed by the respective section leader, upon review from the Executive Board.

C. **Full Voting Members** are personnel who have completed the Limited Probationary period and Performing Recruit period (12 months) and have demonstrated good moral character and acceptable skills of sufficient promise, as indicated by the Executive Board, to have been accepted as a full member in accordance with Article III, Section 2. Voting Members will be issued a uniform and must maintain fifty percent (50%) attendance at MN EMS HG drills. Legitimate excuses for lack of attendance will be considered if made to a Board member prior to the event.

As a member you will also be required to attend and perform to the above membership categories as spelled out in the MN EMS Honor Guard Bylaws

<u>Have you in the last 5 years served a sentence of jail or prison or have been convicted or indicted of a misdemeanor or felony for which a jail or prison sentence could be pending. If you have, please attach an explanation. I declare that any statements in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information within this application.</u>	
Signature	Date
MN EMS Honor Guard has the right to verify any or all information that you have provided within this application. False Information provided will deny membership into the MN EMS Honor Guard. In connection with this application, I authorize the MN EMS Honor Guard to conduct and inquiry into any information contained within this application. I, herby, RELEASE MN EMS Honor Guard and any agent action on it behalf from any and all liability of whatsoever nature by requesting such information from any person or organization.	
Signing below affirms you have read and understand the above	
Signature	Date

Approved	
Disapproved	

MN EMS Honor Guard Commander	
Signature	Date
Reason for Disapproval,	

Mail application to:
 MN EMS Honor Guard C/O Dan Matthews
 5716 Winnetka Ave N #202
 New Hope, MN, 55428