



Taking care of our own

MN EMS HONOR GUARD



Membership Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Date of Birth	
Home Phone	
Cell Phone	
Work Phone	
Email address	
Department or Organization	

Military Experience

Please describe any military experience you may have

Related Experience

Please tell us any related experience you may have (ie color guard or other honor guard experience)

Work Experience

Tell us about your experience in EMS...

Your reason for joining

Tell us why you want to join the Honor Guard...

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. Here are the 2 levels to becoming a full member:

1. Probationary member are personnel who express and interest in joining the MN EMS Honor Guard, have completed an application and been accepted by the voting members. Members are then expected to maintain at least a 50% attendance of drills held over the next 6-12months. They are welcome to attend events and performances but will not perform in events until they have reached Full Performing member status and do not have voting rights until they reach Full Voting Member status. Limited members may be promoted or dismissed upon review of the Executive Board.
2. Full Voting Member are personnel who have completed the Limited Performing Member and Full Performing Member period (12months) 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, if not already done so, and must maintain a 50% attendance at MN EMS Honor Guard drills. Legitimate excuses for lack of attendance will be considered if made to a Board member prior to the event.

History

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Agreement and Signature

MN 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 MN EMS Honor Guard to conduct an inquiry into any information contained within this application. I, hereby, **release** the MN EMS Honor Guard and any agent acting on its behalf from any and all liability whatsoever regarding the accuracy of this information.

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 mail you completed application to:

**MN EMS Honor Guard
c/o Operations Officer
2800 North 7th St
P.O. Box 823
St. Cloud, MN 56302**

For office use only

Accepted	
Declined	

Commander's Signature

Signature & Date
Reason for Declining application (if necessary)