



222 Main Ave West. Frazee, MN 56544 | Office: 218-334-4991 | Website: www.Frazeecity.com

FRAZEE RESCUE MEMBERSHIP APPLICATION

Date: _____

Last Name: _____ First: _____ Middle: _____ DOB: _____

Address: _____ City: _____

How long have you resided at this address? _____

Phone: _____ Email: _____

Driver License #: _____ Social Security #: ____-____-____

Current Employer: _____ Position: _____

Address: _____ City: _____

Work Duties: _____

Normal Work Schedule: _____

Do you have permission from your employer to respond to calls during work hours? ☐ YES / NO ☐

Supervisor: _____ Phone: _____

Do you have ANY physical, mental, medical impairments, or disabilities, which would prevent you from being an active member of Frazee Rescue? YES ☐ NO ☐

Is yes, explain: _____

How did you learn about Frazee Rescue? _____

Why do you want to volunteer with Frazee Rescue and how do you intend to volunteer? _____

Frazee Rescue responds to 200+ calls for service each year, in addition to non-emergency standby events and community functions. Membership requires a delicate balance between your career, family life, and volunteering for Frazee Rescue. What is your availability/level of commitment to respond to calls and participate? _____

Do you have any EMS, fire department, law enforcement or military experience? YES ☐ NO ☐

If yes, explain: _____

Have you ever been involved with any other volunteer organization? YES ☐ NO ☐

If yes, explain: _____

Have you ever been party to any civil action or proceeding or have you ever been named in a notice of claim that you may be a defendant in a civil action or proceeding? YES ☐ NO ☐

If yes, explain: _____

Have you ever been named as a defendant, or convicted in any adult criminal proceeding (including traffic violations)? YES ☐ NO ☐

If yes, explain: _____

List any current medical certifications you currently possess:

_____	_____
_____	_____
_____	_____

Explain any special training or skills which you possess that would be applicable to this position:

Personal References:

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

By signing below, I signify that I have applied for membership to Frazee Rescue; that I have answered all questions truthfully and to the best of my knowledge; and that I fully understand that any intentional false statement(s) may be grounds for disqualification or dismissal.

Furthermore, I hereby grant the City of Frazee permission to contact my employer, references, and any other persons or agencies who may have knowledge of me, my skills, and my experience as deemed necessary.

Signature: _____ Date: _____