

Application for the ThedaStar Ride Along Program

Name: _____

Address: _____

City: _____, **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

EMS/Law Enforcement affiliation: _____

Or Where do you work: _____

Other licensure/certification copies: (e.g. First Responder, ACLS, EMT, EMTP, Nurse, Clinical Tech, ect.)

Your Weight: _____ (we have a 200# weight restriction that all must follow)

(in house use only) Accepted: _____ **Denied:** _____

I would like to ride along on the following date (please write your #1 choice first, #2 for second choice and #3 for third choice.)

Day/Month/Year 0730 – 1330 1330 – 1930

(example 05/11/2004)

1. _____

2. _____

3. _____

The Ride Along Program will run every day of the week, some days may not be available due to conditions outside of our control (i.e. weather, mechanical, training). We will do everything we can to get you your first choice.

Sincerely:

ThedaStar Staff

Application For ThedaStar Ride Along Program