

DATE of Application _____

05 / 25



APPLICATION

WISCONSIN BIKE PATROL

Special Event EMS



PRINT CLEARLY

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ Cell Phone _____

Medical Certifications (current / past) _____

Currently using your Medical Training on the job? – Where? _____

What kind of Bike do you Ride most often? ROAD MOUNTAIN COMMUTER

How often do you RIDE (ANY Trails or Road)? _____

How often do you Ride OFF-ROAD? _____

What OFF-ROAD Trail do you Ride most often? _____

How did you hear about us? _____

Do you know any of the Patrollers? YES NO Their Names? _____

I have read, and will abide to, the WBP 'Requirements' (as stated in the WBP Qualifications), to the best of my ability.

WISCONSIN



BIKE PATROL +

SPECIAL EVENT EMS

WISCONSIN BIKE PATROL Jersey Fee = \$50

(I Understand All New Patrollers Must purchase a **WBP** Cycling Jersey*)

***Collected After Approval of Applicant by WBP Board,**

****AND... After Completion of the WBP 30min. Orientation Class**

Questions? ASK! dmangan@wisconsinbikepatrol.org

David Mangan, Director WI Bike Patrol

Mail Application to: **WISCONSIN BIKE PATROL**
6121 S. 60th St. Suite #3
Greendale, Wisconsin, 53129

Or email to: dmangan@wisconsinbikepatrol.org

For MORE Information: COME see us in Action at one of our Events!
See our Events Page for one to choose from.

It's an Opportunity to See and ASK additional Questions about Our TEAM!

OFFICE ONLY :

Squarespace YES _____ No _____ DATE _____

Recommended By _____

APPROVED YES _____ No _____ DATE _____

Reason for NO _____

DATES Completed

WBP Training Class _____ **BIKE Training Class** _____



INSTRUCTOR _____

EVENTS PAGE