



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 +

WISCONSIN BIKE PATROL Jersey Fee = \$50

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

*Collected After Approval by WBP Board, AND

*After Completion of the **WBP** 45min. Orientation Class*

_____ What SIZE Jersey Might you Wear? We can change if incorrect.

For MORE Information: COME see us in Action at one of our Events!
See our Events Page on our website for one to choose from.
It's an Opportunity to See and ASK additional Questions about Our TEAM!

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

Or

Email Application to: dmangan@wisconsinbikepatrol.org

Questions? ASK! David Mangan, Director WI Bike Patrol

OFFICE ONLY :

Received DATE: _____

Recommended By _____

APPROVED YES _____ No _____ DATE _____

Reason for NO _____

Completed START DATE Training

WBP Training Class

BIKE Training Class

INSTRUCTOR _____