

P.O. Box 557
Linn, MO 65051



Office 573-897-0044
Fax 573-897-0787

Osage EMS Explorer Post #1557 General Membership Requirements

1. Applicants must be between the ages of 14 (and graduated the 8th grade) and 20 years of age.
2. Parental approval must be obtained for those not of legal age.
3. Must be in good academic standing and maintain a 2.5 grade point average, or better, with no "F"s. GPAs must be visibly verified after the issuance of each progress report, starting with the first progress report of the school year.
4. The applicant must be in good health and without physical condition(s) that will endanger them or another member of the Osage Ambulance District. The applicants must be in good physical condition, allowing them to enter the district vehicles and provide all ranges of medical care without special assistance.
5. The applicant must be in good character and possess good moral habits. Driving records will be considered.
6. All applicants may be subject to a background investigation, including but not limited to, a criminal history records check.
7. None of the above requirements are intended to be an automatic disqualifier. All of the above are taken into consideration when considering an applicant. If you feel that there are special circumstances that should be considered when applying, contact the Explorer Coordinator.

When filling out the attached application:

Fill in all of the blanks. If an item does not apply to you, put in N/A.

Give complete information, including your first, middle and last names completely spelled out.

Submit only information you are sure of.

Be sure that you and/or your parents sign the forms in the appropriate places.

*INTENTIONAL WITHHOLDING OF INFORMATION OR FALSIFICATION OF
INFORMATION ON THIS APPLICATION WILL RESULT IN IMMEDIATE DENIAL OF
ACCEPTANCE.*

If the applicant is accepted and falsification is discovered, the Explorer will be dismissed without recourse.

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Osage EMS Explorer Post #1557
119 S. Highway 89, Linn, MO 65051

Explorer Application Form

NAME: _____ DOB: _____ SEX: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

SCHOOL ATTENDED: _____ GRADE: _____

MOTHER'S NAME: _____ DOB: _____

FATHER'S NAME: _____ DOB: _____

ARE YOU EMPLOYED: _____ WHERE: _____

AVERAGE HOURS WORKED PER WEEK: _____

AFTER SCHOOL ACTIVITIES: _____

CAREER INTERESTS: _____

PREVIOUS TRAINING: _____

DO YOU HAVE A VALID DRIVER'S LICENSE: _____

LIST ANY TRAFFIC VIOLATIONS: _____

Parent Printed Name: _____ Relationship: _____