
City of Broken Bow
Monday, July 9, 2012
City Council Regular Session

**Approval of EMT Application and EMT Roster effective July 9,
2012**

*Approval of application of Joaeph Franssen as a member of the Broken Bow Ambulance Association
and roster for the Broken Bow Ambulance Association effective July 9, 2012*

Staff Contact: City Administrator



Broken Bow Ambulance Service

116 South 11th Ave., Broken Bow, NE 68822

Phone: 308-872-6424 • Fax: 308-872-2173

Andy Holland, Facilitator

Corey Clay EMS Captain

Official Roster

Effective on July 9, 2012

01. Rowdy Woodward
02. Kim Fiorelli
03. Rick Larson
04. Doyle Woods
05. Londa Woods
06. Corey Clay
07. Andrew C Holland
08. Brian Kaufman
09. Bobbie Summerford
10. Kim Clay
11. Adam Lashley
12. Christina Watson
13. David Schmidt
14. Kendra Tordrup
15. Sheila Bacon
16. **Franssen New Member Joseph**

Students this year are as follow

(the college pays for there insurance to run on the squad as a student)

Robert Walker

Carrie Summerford

Raymond Nembkal

Linda Haddix

Broken Bow Ambulance Association

116 South 11th Avenue
Broken Bow, Nebraska 68822
(308)872-6424

Application For Membership

This is to be completed by the proposer and the applicant, and filed with the secretary at a regular monthly meeting of the Broken Bow Ambulance Association.

Any active member of the Broken Bow Ambulance Association and in good standing may propose for membership in the Association the following:

NAME Joseph Franssen OCCUPATION Great Plains Communications

ADDRESS ~~1039~~ 1039 N Fst. BUSINESS ADDRESS 607 S Est.

HOME NUMBER 308-530-6877 BUSINESS PHONE 402-533-9376

DATE OF BIRTH 12-19-86 AGE 25 MARRIED SINGLE NO. DEPENDANTS 0

EMPLOYER Great Plains Comm HOW LONG HAVE YOU BEEN EMPLOYED THERE 17

EMPLOYER SIGNATURE Jan Taylor

DO YOU WORK DAYS NIGHTS WHAT HOURS 8-5

FORMAL EDUCATION Arnold High PREVIOUS EMS EXPERIENCE Arnold Fire & Rescue
North Bend Fire & Rescue

PHYSICAL AILMENTS OR DISABILITIES None

NEB. EMS I.D. 18674 RATING B DATE OF EXPIRATION 12-31-13

NATIONAL REGISTRY No. expired EXPIRES expired CLASSIFICATION _____

ATTACH COPIES OF CURRENT CPR CARD, CERTIFICATE OF COMPETENCY, DRIVERS LICENSE.

By making application for membership with the Broken Bow Ambulance Association I recognize that the Association is not a social club and that as a member I will be expected and required to the best of my ability to attend meetings, training, make runs and freely give my time as needed. I further recognize my responsibility to continue to increase my knowledge and expertise in the EMS field.

APPLICANT SIGNATURE Joe Franssen DATE 6-8-12

PROPOSER SIGNATURE Angela DATE 6-15-12

MEMBER SIGNATURE _____ DATE _____

EMS CAPTAIN SIGNATURE _____ DATE _____