

# PRAIRIE PATRIOTS MEMBERSHIP APPLICATION

## APPLICANT INFORMATION



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## INTEREST IN PRAIRIE PATRIOTS

Why do you want to join Prairie Patriots?

\_\_\_\_\_

## BACKGROUND

Any prior military experience? ☐ Yes ☐ No Branch: \_\_\_\_\_

Dates of service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last rank or grade held: \_\_\_\_\_

Type of Discharge: ☐ Honorable ☐ General ☐ Other than Honorable ☐ Dishonorable

If a general or other than honorable occurred, what special circumstances occurred?

Can you provide a DD-214: ☐ Yes ☐ No If not, why? \_\_\_\_\_

Any prior law enforcement experience? ☐ Yes ☐ No If so, where? \_\_\_\_\_

Dates of service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last rank or position held: \_\_\_\_\_

Is your certification current? ☐ Yes ☐ No If not, why? \_\_\_\_\_

Any prior medical experience? ☐ Yes ☐ No If so, where? \_\_\_\_\_

Medical Certifications: \_\_\_\_\_

## QUALIFICATIONS

If accepted into Prairie Patriots, will you take an Oath to uphold and defend the Constitution of The United States of American and the State of South Dakota? ☐ Yes ☐ No

If accepted into Prairie Patriots, are you will and able to deploy for up to two weeks at a time in the event of an emergency? ☐ Yes ☐ No

Do you pocess a current South Dakota Permit to Carry a Concealed Pistol? ☐ Yes ☐ No

Do you pocess a current South Dakota Enhanced Permit for a Concealed Pistol? ☐ Yes ☐ No

If accepted into Prairie Patriots, would you need any special accomodations to perform your duties as assigned? If so, please elaborate: ☐ Yes ☐ No

What skills can you bring to Prairie Patriots? \_\_\_\_\_

## COMMITMENTS

Acceptance into Prairie Patriots may require a significant monetary investment in personal gear that you may be required to purchase on your own. It may require a significant investment of your personal time to attend training sessions and meetings. You would be required to read and agree to the purpose and mission of the organization, as defined in the bylaws. Would any of these statements be a concern to you?

☐ Yes ☐ No

## EMERGENCY CONTACT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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## SERVICE AREAS

Where do you think you could best serve Prairie Patriots:

- ☐ Communications    ☐ Medical Services    ☐ Engineering    ☐ Security/Force Protection  
☐ Preparedness    ☐ Surveillance/Intelligence

## WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby waive Prairie Patriots, its officers, guest instructors and volunteers from civil and or criminal liability from injury, loss, or damage to personal property and self, associated with activities related to the participation in, but not limited to, all training activities within the Prairie Patriots realm, to include the Emergency Response Teams, hereafter referred to as "ERT".

ERT training is only for lawful self defense and or that of another. It is not training designed for purposes of quelling civil disorder, but rather civil defense. Moreover, ERT is designed for helping communities prepare for emergencies.

I further acknowledge that all training is voluntary and that I am free to discontinue training at any time for any reason. I agree to make known any physical limitations that might prevent me from participating. While in the capacity of a ERT I will respect and honor the command structure, rules, goals and objectives with adherence to the Prairie Patriots bylaws and the laws of this state.

I understand the risks of participation which may include but are not limited to personal injury, physical and/or mental stress, physically demanding activities, including firearms' and other weapons training that have the potential of incurring life threatening injuries and or death. Additional liability waivers may be required at each firearms training range.

This is to certify that I have not been convicted of a violent felony; I do not suffer from a mental disorder and I am not legally prohibited from owning and or possessing a firearm. I agree that if discovered that some or all of the personal information I've provided to Prairie Patriots was false, I can immediately be dismissed from the ERT.

I hereby acknowledge that I fully understand the waiver described herein, that I have signed this waiver under my own free will without threat, duress or promises. I do not expect to receive financial payment or gratuities. I acknowledge that any position held in an Prairie Patriots ERT is strictly voluntary, with the exception of specialized training events or instructors as authorized.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness in Lieu of Notary \_\_\_\_\_

STATE OF SOUTH DAKOTA COUNTY OF \_\_\_\_\_ In \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, Notary Public in and for the above state and county, personally appeared \_\_\_\_\_, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

NOTARY PUBLIC \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_ (Seal)

## DO NOT WRITE BELOW THIS LINE - ORGANIZATIONAL USE ONLY

Background Investigator: ☐ Approved ☐ Not Approved Date \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_

Committee Reviewer: ☐ Approved ☐ Not Approved Date \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_

Committee Reviewer: ☐ Approved ☐ Not Approved Date \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_

Approval By Membership: ☐ Approved ☐ Not Approved Date \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_

Secretary

Membership Numnber Assigned: \_\_\_\_\_