

STAR Touring and Riding Assoc. Tin Star Application

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Over one hundred years ago, small towns on the American frontier learned that there was one person they could turn to for help in an emergency, the local sheriff. The frontier sheriff was a combination police officer, paramedic, emergency coordinator when anything happened that required special skills, and was known to all by his distinctive "Tin Star" badge.

STAR Touring, like the citizens of the frontier towns, at times may need special assistance from people trained as a police officer, physician, nurse, fire fighter, paramedic, EMT or Search and Rescue. To help identify which of our members have this special training, and have volunteered to be of assistance, we have developed a special pin, the "Tin Star." The Tin Star readily identifies which of our members have volunteered to help when needed, and are qualified as one of the following:

- Physician
- Nurse
- Police Officer
- Fire Fighter
- Paramedic
- Emergency Medical Technician
- Search & Rescue
- Or other special emergency training.



The "TIN STAR" pin/badge is a 3-D accessory that measures 1-3/4" in height. The pin has a double screw backing so you won't lose it and is a pin you will be proud to wear.

THE TIN STAR PURPOSE

The purpose of "Tin Star" is to allow STAR Touring to identify a team of volunteers in time of need. If an accident or emergency occurs, or a member is in need of assistance (bike break down, stranded etc. or any other situation where help is needed), the "Tin Star" member in the group could be called on to lend a hand and/or to take control of the situation, until the local emergency services arrive.

Name _____

STAR Membership # (last five) _____ **Expiration** _____ / _____

Address _____

City _____ **State** _____ **Zip** _____

E-Mail: _____ **Phone** _____

I am trained, licensed or certified in one or more of the following professions (circle all that apply).
Physician, Nurse, Police Officer, Fire Fighter, Paramedic, Emergency Medical Technician, Search & Rescue,
Or other special emergency training.

I understand that I am volunteering to be identified as a professional with special emergency training. I acknowledge and understand that I am also responsible for my own actions and hold STAR Touring harmless from any liability for my actions. I understand that STAR Touring carries good Samaritan insurance but will NOT insure me for my professional actions.

Applicants Signature _____ Date _____

May we publish? (circle one) Phone number: YES NO E-Mail address: YES NO Listing is on www.startouring.org

Copies of your credentials must be submitted with this application.