

APPLICATION FOR MEMBERSHIP

IN THE

DICKSON CITY COMMUNITY AMBULANCE ASSOCIATION

GENERAL INFORMATION

Name: _____
Last First Middle

Address: _____

Phone: _____

Are you over the age of 16? Y / N

QUALIFICATIONS

First Aid Y / N Expiration: _____

CPR Y / N Expiration: _____

EMT Y / N Expiration: _____

EVOC Y / N Date of Class: _____

Hazmat Y / N Date of Class: _____

Other (explain): _____

Please submit a copy of all certifications with this application.

PREVIOUS EXPERIENCE

Are you, or have you ever been, a member or another volunteer ambulance company. Y / N

If yes, name of company, dates of membership, contact person and phone number:

Are you, or have you ever been, employed for an ambulance service. Y / N

If yes, name of company, dates of employment, contact person and phone number:

Have you ever been involved in a motor vehicle crash while operating an emergency vehicle? Y / N

Have you ever been involved in a motor vehicle crash while operating a passenger vehicle in the last 10 years? Y / N

Have you ever been convicted of an offence greater than a summary? Y / N

If yes, please explain _____

REFERENCES

Please list three people, to whom you are not related, that we may contact.

- 1.) _____
- 2.) _____
- 3.) _____

PHYSICIANS STATEMENT

This is to certify that I have examined this applicant and, in my medical opinion, feel he/she is physically able to perform the duties that may be required of him/her while volunteering with the Dickson City Community Ambulance, Inc.

Name: _____ MD / DO

Address: _____

Signature: _____

Date: _____

APPLICANTS STATEMENT

I wish to become an active member of the Dickson City Community Ambulance Association, Inc. and attest that all of the information I have provided is true and accurate to the best of my knowledge. Furthermore, I am aware that if at any time this information is determined to be false, my affiliation with the Association will be terminated immediately and without recourse. I am also aware that prior to becoming a member of the Association, a check of my criminal history, driving history and child abuse clearance will take place and hereby authorize the Association to obtain this information. Additionally, I am aware these checks may be partially my financial responsibility.

Signature: _____

Date: _____

Please complete the following paperwork, to be submitted with your completed application: Criminal History Form, Drivers History Form and the Child Abuse Clearance Form if applicable.

FOR OFFICE USE ONLY

Date application was received: _____

References Checked By: _____

Criminal History Requested: _____ Received: _____

Driving History Requested: _____ Received: _____

Child Abuse Requested: _____ Received: _____

Attach the original responses from all of the above when they are received.

Date Presented to the Body: _____ Vote: For _____ Against _____

Comments from Body:

Date Applicant Notified: _____ By Whom: _____