

SANBORN AMBULANCE TEAM APPLICATION FOR MEMBERSHIP

Date Submitted: _____

Referred by: _____

Personal Information

Name: _____ Email: _____

Street Address: _____ City/State/Zip: _____

Social Security #: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Are you over 18 years of age? Yes No If no; how old are you? _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Position Applying For

Driver License _____ State: _____ Class: _____ Expires: _____

EMT Certification # (if certified) _____ Expires: _____

Student (Ages 16-18)

CPR Certified? Yes No If yes, when was it issued? _____ Expires: _____

Are you a member of any other Emergency service? Yes No If yes, which service: _____

Have you ever applied to the Sanborn Ambulance Team? Yes No If yes; when? _____

Emergency Services Volunteer History

From	To	Name and Address of Agency	Position	Reason For Leaving

Personal References (Not related to you)

Name	Address	Contact Number	Relationship	Years Known

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If applying for EMT position do you agree to successfully complete the Emergency Medical Technician Course with in one year of this application? Yes No

Do you agree that in addition to your "duty time", you will also attend regularly scheduled ambulance meetings/training sessions to maintain your certification and level of proficiency, and thus assure an efficient/competent ambulance service? Yes No

Does your employer understand the duties/responsibilities of your membership on this service, and are they willing to approve your active membership on the Sanborn Ambulance Team? Yes No

(Signature of Employer)

(Date Signed)

Personal Background

Have you ever been convicted of a felony or a misdemeanor? Yes No

If yes, when were you convicted: _____ What was the charge? _____

Do you have any conditions which may impair your ability to actively engage in emergency calls, operate an emergency vehicle, interact with crew members, patients, or other emergency services? Yes No

Applicant's Assurances

As a member of the Sanborn Ambulance Team, I agree to abide by the City Ordinances and Bylaws governing the operation of this service. I also agree to repay initial training costs for the Emergency Medical Technician Course or Emergency Responder Course if I do not complete my requirement as per our agreement.

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that if accepted, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references listed, to give you any and all information concerning my employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from utilization of such information."

I understand that this form shall accompany requests for official documents and confirmations of my license(s), certification(s), and/or credentials.

Within the Freedom of Information Law, all information contained or obtained herein will remain confidential and will be used only for internal membership processing.

Applicant Signature: _____ Date: _____

This application requires the approval of the membership of the Sanborn Ambulance Team, as well as the approval of the Sanborn City Council.

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Applicant Approval by the Sanborn Ambulance Team

The applicant, _____, has been approved by the Executive Committee of the Sanborn Ambulance Team, and has been properly approved by the Ambulance Team Membership in accordance with the City's Ordinances and the Ambulance Team's Bylaws.

Signatures:

Director: _____ Date Signed: _____

Secretary: _____ Date Signed: _____

Applicant Approval by the City of Sanborn

This applicant has been approved for appointment as an ambulance team driver/attendant for the Sanborn Ambulance Team by the Sanborn City Council by action taken on _____.

Signature:

City Manager: _____ Date Signed: _____