



## Seymour Ambulance Association Inc.

4 Wakeley St. Seymour, CT 06483

### Volunteer Membership Application

Date Filled Out: \_\_\_\_\_

#### Personal Information

Name: \_\_\_\_\_ Over 18 years old: Y N

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

#### Military Service

Branch: Army Navy Marines Air Force Coast Guard

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Discharged: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current or Last Rank: \_\_\_\_\_

#### Work Experience

Most Recent Employer: \_\_\_\_\_ Date(s) of Employment: \_\_\_\_\_

Position/ Title: \_\_\_\_\_ Address of Employer: \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_ Date(s) of employment: \_\_\_\_\_

Position/ Title: \_\_\_\_\_ Address of Employer: \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_

\_\_\_\_\_

**Education**

Highest Level of Education: Attending High School H.S. Diploma Associate Degree Bachelor Degree  
GED

Name of School obtained from: \_\_\_\_\_

Date or anticipated date of graduation (month and year): \_\_\_\_/\_\_\_\_

Location of school: \_\_\_\_\_

If attending college or school out of state please list any dates you will NOT be available:

\_\_\_\_\_

**Emergency Service Experience**

Name of Organization: \_\_\_\_\_

Date(s) of Membership: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Contact Phone:(\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Brief Description of Organization: \_\_\_\_\_

\_\_\_\_\_

Name of Organization: \_\_\_\_\_

Date(s) of Membership: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Contact Phone:(\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Brief Description of Organization: \_\_\_\_\_

\_\_\_\_\_

**Driving Record**

CT State Driver's License Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**Has your license ever been suspended or revoked? Y N**

If yes please explain: \_\_\_\_\_

**Criminal Records**

**Have you ever been convicted of a crime(s) or are currently under indictment? Y N**

If yes please give a complete description of any al all incidents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certifications**

Level: EMR EMT AEMT Paramedic Certification Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

CPR: AHA ARC National Safety Expiration: \_\_\_\_/\_\_\_\_

Driving: CEVO EVOG

Any additional licenses or certifications: \_\_\_\_\_

**Availability**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Our shifts are in 6hr blocks and run 6a-noon, noon-6p, 6p-midnight, and midnight-6a.

I \_\_\_\_\_ agree that all the information provided in the application above is true and accurate. I understand that if any information was falsified my application will be removed from consideration and I will not be able to reapply within a period of 90 days from the date below.

\_\_\_\_\_

Applicant signature

\_\_\_\_\_

Committee member signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

I, \_\_\_\_\_ of \_\_\_\_\_  
Print Name Address  
\_\_\_\_\_  
City State and Zip

### Criminal Record Check Form

Freely authorize Seymour Ambulance Association Inc. to have a criminal, motor vehicle, and if necessary credit check done and authorize information to be released to them. I also agree to furnish a copy of my DD 214 form if requested.

Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Arrest Record Information

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Sex: M F Race: \_\_\_\_\_

**Committee Usage Only**

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Applicant: \_\_\_\_\_

Application Check List:	Date	Initials
<input type="checkbox"/> Application returned and completed:	___/___/___	_____
<input type="checkbox"/> Criminal Check Submitted:	___/___/___	_____
<input type="checkbox"/> Medicare Fraud Check	___/___/___	_____
<input type="checkbox"/> Certifications Submitted:	___/___/___	_____
<input type="checkbox"/> Interview Completed:	___/___/___	_____

Member Accepted for Probation: Y N

\*\*If No explain below\*\*

Date Accepted for Probation: \_\_\_/\_\_\_/\_\_\_

Member Outcome: Probation Extension    Dismissal    Full Membership

Probation extended until: \_\_\_/\_\_\_/\_\_\_

Date Accepted for full membership: \_\_\_/\_\_\_/\_\_\_

Date of Dismissal: \_\_\_/\_\_\_/\_\_\_

\*\* If member was dismissed please explain why below\*\*

Member not accepted for probation because:

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Explanation of member dismissal:

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