



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 (If applicable)

Branch: Army Navy Marines Air Force Coast Guard

Date Entered: ____/____/____ Date Discharged: ____/____/____ Current or Last Rank: _____

Work Experience (If applicable)

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 (If applicable)

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 (If applicable)

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 EVOC

Any additional licenses or certifications: _____

Availability (If applicable)

	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: _____