

**VOLUNTEER MEMBERSHIP APPLICATION
NEW CANAAN EMERGENCY MEDICAL SERVICE
182 SOUTH AVENUE
NEW CANAAN, CONNECTICUT 06840**

Legal Name: Last _____ First _____ Middle _____
Home Address: Number and Street _____
City _____ State _____ ZIP _____
Email _____
DOB _____ Age _____ Social Security _____
Connecticut Driver's License No. (**mandatory**) _____
Home Phone _____ Work Phone _____
Occupation _____ Can we call you at work? _____
Employer _____ No of years there _____
Address _____

REFERENCES: Please list three people, over the age of 18, **not related to you**, that you have known for at least three years. (No more than one NCVAC member, please).

1. M _____ Years known _____
Address _____ phone _____
City _____ State _____ Zip _____

2. M _____ Years known _____
Address _____ phone _____
City _____ State _____ Zip _____

3. M _____ Years known _____
Address _____ phone _____
City _____ State _____ Zip _____

EXPERIENCE: (if any) No prior medical training is required for application to NCVAC-New Canaan Volunteer Ambulance Corps. Previous and current public safety (police, fire, EMS) experience (include organization) _____

Address _____
Length of service _____

Previous medical training (Please attach copies of all certifications):
CPR _____ Date completed _____ Exp. Date _____
First Aid _____ Date completed _____ Exp. Date _____
EMT _____ Date completed _____ Exp. Date _____
Other _____ Date completed _____ Exp. Date _____

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Please circle the appropriate answer: explain all "YES" answers

Have you ever been convicted of a felony or misdemeanor?

NO **YES** _____

Have you ever been cited for any motor vehicle violations other than parking tickets in the last five years?

NO **YES** _____

Do you have any disability that would preclude you from lifting heavy objects or performing the strenuous work associated with ambulance duty?

NO **YES** _____

How did you hear about New Canaan Volunteer Ambulance Corps? _____

Why do you think emergency medicine is something you would enjoy? _____

Why do you think you would be an asset to NCVAC? _____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

I certify that the statements contained in this application are accurate and truthful to the best of my knowledge. I understand that omissions or misrepresentations regarding this information may be grounds for rejection or dismissal. I agree to having my motor vehicle and/or criminal records examined at any time for the purpose of establishing my good character.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

APPLICATION _____

REFERENCE #1 _____

REFERENCE #2 _____

REFERENCE #3 _____

MED FORM _____

INTERVIEW FORM _____

DATE ACCEPTED _____