

WATERBURY AMBULANCE SERVICE, INC.
P.O. BOX 95
WATERBURY CENTER, VT 05677

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION	
Name:	Date of Birth:
Address:	Home Phone:
	Work Phone:
	Vermont Driver License #:
Employer Name:	Emergency Contact Name:
Employer Address:	Emergency Contact Phone-
	Email:

PRIOR RELEVANT TRAINING	
Description of Training	Date Taken

OTHER CURRENT SERVICE AFFILIATIONS (Fire, Scouts, Service Orgs; etc.)

CURRENT CERTIFICATIONS		
TYPE	ID#	Date Expires

IDENTIFY ANY LIMITATIONS THAT MIGHT LIMIT WHAT YOU CAN DO (Hearth, back problems, other limiting illnesses or conditions. Use additional sheets as necessary)

LIST TWO PERSONAL (NOT FAMILY) AND ONE PROFESSIONAL REFERENCE		
Name	Address	Phone

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES	NO
Do you have a current valid Vermont Drivers License?		
Have you ever been convicted of DWI?		
Are you willing to take additional training with the squad?		

Full membership in Waterbury Ambulance Service, Inc., is determined by vote of the squad after a candidate has served for at least six months.

All applicants must certify to the following statements, which are a condition of membership:

1. I certify that the facts given on this application are correct and true, to the best of my knowledge. I have withheld nothing that, if disclosed, could affect this application. I understand that if Waterbury Ambulance Service, Inc., approves my application, any false statements in this application are grounds for dismissal.
2. I understand that membership requires serving a minimum of one 12 hr. shift per week and one 12 hr. weekend shift per month. I agree to be available as scheduled unless I have been excused from this minimum. I understand that, while the squad will by to accommodate my needs, I may not be assigned to my choice of shifts.
3. I further understand that participation on the squad requires me to act professionally and courteously toward patients and other squad members.
4. If accepted for membership, I agree to follow all the Waterbury Ambulance Service, Inc., procedures, policies, and protocols, to the best of my ability.

Signature

Printed Name

Date Signed

Please return this completed application to:
 Waterbury Ambulance Service, Inc.
 Attn: President
 P.O. Box 95
 Waterbury Center, VT 05677