

WOODBURY COMMUNITY AMBULANCE, INC.
APPLICATION FOR MEMBERSHIP

Date _____

Name _____

Residence address _____

Highland Mills Central Valley _____ State _____ Zip _____

Mailing address (if different) _____

Home phone _____ Cell phone _____

eMail address _____

Employer _____ Occupation _____

Previous Employer (if less than five years with above employer) _____

Dates of Employment, reason for leaving. _____

Date of birth _____ Social Security Number _____

Driver's license state _____ Number _____ Expires _____

Do you now, or have you ever held membership in any ambulance, fire or police organization? yes no

If yes, list organization and present membership status and attach copies of membership documents.

Have you ever been asked to resign from, or been dismissed from any volunteer organization? If yes, please explain.

Certifications:

CPR sponsor _____ Expires _____

First Aid sponsor _____ Expires _____

Emergency Medical Technician EMT # _____ Expires _____

Certified First Responder CFR # _____ Expires _____

Please list any other courses or training that you have completed which will be useful in your ambulance work.

Please list two non-family references with phone number and relationship to you.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List any WCA members who are relatives and their relationship to you.

Do you have any physical or medical disabilities? yes no If yes, please describe briefly.

Do you use any illegal drugs or abuse any prescription drugs? _____

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I agree that, if accepted as a member of Woodbury Community Ambulance, Inc., I will comply with the by-laws, rules, regulations, and policies of the organization. (initial here) >

I acknowledge that all uniforms, equipment, ambulance building keys, green-light permits, and Woodbury Community Ambulance I.D. cards issued to me are the property of Woodbury Community Ambulance, Inc. and agree to return all ambulance corps property to the Woodbury Community Ambulance Captain or President upon request or upon termination of my membership. (initial here) >

I give Woodbury Community Ambulance, its members or agents, permission to have my driving record checked periodically for violations. (initial here) >

I agree to any medical tests required by, and paid for by, Woodbury Community Ambulance. (initial here) >

I give Woodbury Community Ambulance, its members or agents, permission to check my references. (initial here) >

By my signature in this box, I affirm that I have NOT been convicted of any misdemeanors or felonies. I understand that any prior criminal convictions may not be a bar to membership but shall be reviewed.

(Signature)

(Date)

DO NOT SIGN ABOVE IF YOU HAVE BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR!

If unable to sign, check here >>

I give Woodbury Community Ambulance permission to use law enforcement agencies to investigate any possible criminal records including sex offender registries. (initial here) >

I understand and acknowledge that Woodbury Community Ambulance shall review all available criminal and motor vehicle records as a requirement of acceptance of my application to the organization and will conduct periodic checks of these records throughout my membership with Woodbury Community Ambulance. I hereby authorize Woodbury Community Ambulance to conduct such investigations and reviews, and specifically waive any claim to privacy in this regard. (initial here) >

I hereby apply for membership in Woodbury Community Ambulance, Inc.

I certify that all of the information contained in this application is correct and true and that the signature below is mine.

I understand that entering false information on this document can and will result in termination of membership.

(Applicant's name printed)

(Applicant's signature)

(Name of Witness to Signature)

(Date)

Membership proposed by _____

Interviewed by Membership Committee on (date) _____

Committee members:
1. _____
2. _____
3. _____
4. _____

Disposition of application by WCA membership

accepted rejected

Accepted as Probationary Driver Youth-Squad Date _____

Status change Provisional Driver Active Date _____

Status change Provisional Driver Active Date _____

Honorary Dropped from roster Resignation accepted Date _____