



MEMBERSHIP APPLICATION OPERATIONS GROUP

P.O. Box 911 Hadlyme, CT 06439

DATE _____

Applicant Information (Print)

Notify in Emergency

Name: _____ Last First MI

Name: _____

Address: _____

Phone: (home) _____ (cell) _____

Phone: (home) _____ (cell) _____

Email: _____

Birth Date: _____ Soc. Sec. # _____ Driver's License # (& State) _____

PERSONAL VEHICLE: Year _____ Make _____ VIN _____ Registration _____

EDUCATIONAL BACKGROUND: (a)High School Or Equivalency? Yes No (b)College Degree _____

TECHNICAL TRAINING: _____

CURRENT EMPLOYMENT: _____

EXPERIENCE WITH EMERGENCY SERVICE: _____

Remember to complete the questions and certification information on page 2.

Please be advised that the Association will run a police background check on all Applicants.

At the interview, your application for membership must be accompanied by the following:

- Copy of your Driver's License. Copy of your current EMS Certification card. Copy of your Vehicle Registration. Copies of any additional training certificates that may apply

➔ Applicants MUST attend one (1) Business meeting and one (1) Training to be eligible for voting upon.

REFERENCES Please obtain signatures of two members of the community who know you personally and are willing to recommend you for membership in the Lyme Ambulance Association.

Name _____ Address _____ Phone _____ Signature _____

Name _____ Address _____ Phone _____ Signature _____

Applicant Signature: I agree to abide by the By-Laws, policies and protocols of the Lyme Ambulance Association. I acknowledge I will be volunteering my time. I do not expect to receive compensation, paid expenses, fees and or wages for my time.

Signature _____ Date _____

GENERAL

- LAA meetings are on the second Sunday of each month, usually 6:00-9:00 pm, at Hamburg Station. Applications will be reviewed at one business meeting prior to being voted on. Each applicant will be interviewed by Recruiting/Retention Officer and/or the Chief of Service. To submit this application, contact Ed Vidou at 860-575-8025, Tom Darna at 860-434-7042, or mail it to Lyme Ambulance Association, P.O. Box 911, Hadlyme, CT 06439.

_____ Name

HEALTH:

a) Do you have or have you ever had an illness or injury which would limit your ability to perform the duties required in an emergency ambulance service?

NO YES Details: _____

b) Do you have, or have you ever had a chronic illness or condition requiring regular medication?

NO YES Details: _____

c) Have you been vaccinated against the hepatitis B virus?

NO YES Date: _____ Doctor: _____

Other: Have you ever been convicted of a crime or motor vehicle violation (other than a parking ticket)?

NO YES Details: _____

CURRENT FIRST AID/EMS TRAINING & CERTIFICATION: FILL IN ALL THAT APPLY

- | | | |
|----|--|----------------------|
| 1. | <input type="checkbox"/> Date _____ | CPR |
| 2. | <input type="checkbox"/> Date _____ | FIRST AID (STANDARD) |
| 3. | <input type="checkbox"/> Date _____ | FIRST AID (ADVANCED) |
| 4. | <input type="checkbox"/> Expiration Date _____ | EMR CERTIF #: _____ |
| 5. | <input type="checkbox"/> Expiration Date _____ | EMT CERTIF #: _____ |
| 6. | <input type="checkbox"/> Date _____ | OTHER: |

AVAILABILITY: DAYTIME HOURS: _____ EVENING HOURS: _____

WEEKEND HOURS: _____

----DO NOT FILL IN SECTION BELOW LINE----

APPLICATION STATUS

INVESTIGATING COMMITTEE REPORT

INTERVIEW by _____ DATE _____ RECOMMENDED: YES NO

COMMENTS (or attach interview report) : _____

DEPARTMENT ACTION

1) PRESENTATION AT MEETING: Date _____ BACKGROUND, Driving: Date _____

2) TRAINING ATTENDANCE: Date _____ BACKGROUND, Criminal: Date _____

4) ELECTED TO MEMBERSHIP: Date _____ Mentor _____

Approved _____ Chief of Service	_____ Date
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PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In consideration for employment or promotion within Lyme Ambulance Association or affiliates on our behalf, Employers Reference Source may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination from your past employment.

In compliance with the Americans With Disabilities Act, only after a contingent offer of employment is offered, will your workers' compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned to a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from Employers Reference Source and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the form which follows, authorizing, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization releases Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Employers Reference Source the above mentioned information as requested, in order to successfully complete a background investigation.

For your records, a copy of this completed notice that a consumer report may be obtained for employment purposes will be provided. Please retain it for your records.

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Print Full Name: _____

Have you used any other name? Y N If yes, what name did you use? _____

Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ State Issued: _____

Please provide the date for any motor vehicle convictions _____

High School: _____ Year of Graduation: _____

College: _____ Year of Graduation: _____

Applicant Signature: _____ Date: _____

*Date of birth is being requested only for purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.

Have you lived, have a drivers license in another state in the past 10 years? Yes___ NO___

Have you ever been convicted of a felony? Yes___ NO___

If yes, please provide details on an attached sheet. Pages Attached Yes___ NO___ ##___