



# EAST MIDWOOD VOLUNTEER AMBULANCE

## Application For Membership

Please print of type all information. (All provided information will be kept confidential)

\_\_\_\_\_ Date

\_\_\_\_\_ Name (Last)

\_\_\_\_\_ (First)

\_\_\_\_\_ (MI)

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ County

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Work Phone

\_\_\_\_\_ Beeper

\_\_\_\_\_ Social Security

\_\_\_\_\_ DOB

\_\_\_\_\_ Height

\_\_\_\_\_ Weight

\_\_\_\_\_ Sex

\_\_\_\_\_ Eye Color

\_\_\_\_\_ Blood Type

### Employment Information

\_\_\_\_\_ Employer

\_\_\_\_\_ Phone

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ Zip

\_\_\_\_\_ Title/ Position

\_\_\_\_\_ Date of Employment

Drivers License Information

Motorist ID #                      Type                      Expires                      Restrictions

# of Years Driving                      EVOC Y / N    When                      AAPS Y / N    When

DDC/CEVO Y / N                      When

Has your license ever been suspended or revoked? Y/N If Yes, explain

List all moving violations within the last Eighteen (18) Months.

Certification

EMT #                      EXP. Date                      Where Certified

CPR/Proficient ? YES / No                      ARA / AHA ( Circle One)  
EXP. Date

CFR ?                      EXP. Date                      Where Certified

Instructor Certification

Name of Agency                      PVT.                      VOL.                      MUNI.

Positions / Duties

Other Health / Medical Experience ( Please specify)

Other Organizations Affiliations (Active)



