

**FONDA EMERGENCY MEDICAL SERVICE
APPLICATION FOR ACTIVE MEMBERSHIP**

Full Legal Name (First, Middle, Last)

Birth date

Street address and P.O. Box

E-mail address

Home phone

Cell phone

Work phone

Drivers License Number

Expiration Date

State Issued

Please list any crimes you have been convicted of and traffic violations (within past 10 years): _____

Current place of Employment? _____

What are your current working hours? _____

Are you willing to actively participate at meetings, trainings, drills, on calls, and at special events and department functions? _____

Are you willing to meet the training requirements? _____

Does your family support your decision to join the department? _____

What activities or other organizations do you belong to? _____

Do you have any other commitments or responsibilities that might prevent you from meeting the requirements of the Fonda EMS? _____

What related training or certifications do you already have? (CPR, EMT, EMR, RN etc.) _____

What experiences, knowledge, skills, and qualifications do you bring to the Fonda EMS? _____

Are you aware of any emotional limitations that could interfere with your performance when working with heights, small spaces, or traumatic events?

Do you have any physical, health, or mental limitations that could interfere with your performance? _____

Why do you want to volunteer for the Fonda EMS? _____

I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal from the Fonda EMS.

I authorize the Fonda EMS representatives and/or its insurance carrier(s) to verify this information and hereby consent to the release of any and all personnel data, criminal information, driving records, or other information related to me or my application for volunteering for the Fonda EMS.

I fully understand that permitting the Fonda EMS representative and/or its insurance carrier(s) to have access to this information is for the purpose of determining eligibility, and I hereby release all parties from any and all liability and claims for damage whatsoever that may result there from.

Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____

For Department use only:

Date received: _____ **By:** _____

Date interviewed and/or discussed at meeting: _____ **By:** _____

Department Action: Approved _____ **Not Approved** _____

Hire Date: _____