



Windsor Volunteer Ambulance, Inc
 20 William Street
 Windsor, CT 06095
 Telephone: (860)688-8244
 Facsimile: (860)688-8891

MEMBERSHIP APPLICATION (Type or Print Clearly and fill out completely. Omitted information will delay processing.)

Name:		Date of Birth:	Social Security Number:
Home Address:		Driver's License Number/State:	
City:	State/Zip Code:	Home Number:	Work Number:
Mailing Address (if different from home address):		Cellular Number:	
City:	State/Zip Code:	Are you a US citizen or able to work in the US?	
Email Address:			

In case of emergency please contact:

Yes No Have you been convicted of any crime involving moral turpitude in the past five years?

Yes No Have you been cited for any motor vehicle traffic violations in the past five years?

If yes to any of the above questions, please explain in the space provided:

Availability:

2400 to 0600 0600 to 1200 1200 to 1800 1800 to 2400

All probationary and regular provider members are required to ride the medic unit a minimum of at least twelve hours per month. Members riding days will be required to ride at least one (1) weekday shift per month as assigned on crew schedule. Permanent pre-scheduling strongly encouraged.

Areas of Interest (Please Circle):

EMS Provider

Administrative Support Staff

Training

Public Safety Training (Check all that Apply):

CPR Level/Exp. _____ MRT #/Exp. _____ EMT-B #/Exp. _____

EMT-I #/Exp. _____ EMT-P #/Exp. _____ EMS-I #/Exp _____

Fire & Rescue Training: _____

Other Training: _____



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Academics:

High School Attended/Year Graduated (or anticipated): _____

List the name (s) of any college (s), technical schools and/or military status you have attended/received:

	Where attended:	Year Began	Year Ended	Year Graduated/ Discharged	Type of Degree Received/ Highest Rank attained
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____

Please describe your EMS/Public Safety experience.

What are your short/long term career goals?

If any, what other certifications do you have not otherwise listed on this application? Also, list the state/agency that granted it.

Business References:

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

Name:
Address:
Position:
Telephone:
Name:
Address:
Position:
Telephone:

How did you hear about Windsor Volunteer Ambulance, Inc? _____



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Application Introduction

Welcome to Windsor Volunteer Ambulance, Inc. (WVA). WVA is a not for profit EMS ambulance service providing emergency medical coverage to the Town of Windsor, Connecticut through contract.

Terms of Membership:

1. Each new WVA member is on probation for a period of six (6) months (probation may be extended in certain cases).
2. During your probationary period, you must turn into the administrative staff the following:
 - a. A completed physical exam form signed by a CT Licensed physician. Physicals are provided by Windsor Volunteer Ambulance, Inc at no cost to the applicant. The applicant will be responsible for all fees associated with the physical/form if they choose to use a personal physician. The physical evaluation form must be completed by a physician and submitted to the personnel officer prior to release from provisional/probationary membership if a personal physician is used. Members of the Town of Windsor Fire Department may submit a copy of their department complete physical exam. Release forms are available through Saint Francis Occupational Health. Membership is conditional for any participation in WVA activities until completion and submission of a complete physical exam.
 - b. Copies of all relevant current certifications.
 - c. Copies of documentation stating you have had Hepatitis B series, PPD (TB) test along with the results, Airborne/Bloodborne Pathogens, Hazmat classes or refreshers and completed your orientation with WVA.
3. WVA reserves the right to restrict any individual from active ambulance duty for any medical, physical or other endangerment that would pose a risk of injury to themselves, a patient or any WVA member.
4. WVA monthly business meetings are held on the first Thursday of each month at 18:00 (6 pm).
5. New applications are desired for review **NOT LATER THAN 5 DAYS** before the Executive Board Meeting. Applications received after that date will be reviewed and voted upon at the next Executive Board Meeting. Executive Board meetings are the last Thursday of every month, unless posted otherwise.
6. WVA membership application must be filled out completely. Incomplete or illegible applications will be returned.
7. WVA reserves the right to refuse any membership application.
8. All WVA members are expected to attend monthly meetings.
9. All active riding WVA members will receive a complete uniform after successfully completing the six (6) month probationary period.
 - a. Interim uniform may include dark blue pants, light/dark blue shirt and black shoes/boots (leather preferred)~ items of clothing **NOT** permitted include but are not limited to: halter tops, pictured tee shirts, sandals, open toed shoes, shorts, bathing suits.
 - b. Your appearance should be neat and clean at all times.
10. CPR, MRT, EMT classes – if you are currently in a class when you apply to WVA, the expense is yours.
11. After you have successfully completed our six (6) month probation, you may take a class and be reimbursed for the class (minus the textbooks) and serve with WVA for an additional six (6) months.



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12. WVA will not pay for any MRT, EMT, or EMT-I recertifications. WVA provides a minimum of two (2) recertification classes each year. EMT-I's and EMT-P's are required to keep track of all CME records on their own and attend all requisite classes.
13. All applicants will have a criminal and traffic background check completed. The Authorization of Disclosure must be returned with the application or it may delay processing.

I hereby apply for membership into Windsor Volunteer Ambulance, Inc. I have answered all questions truthfully and to the best of my ability. I understand all terms as described above.

Signed: _____ Date: _____

Witness: _____ Date: _____

FOR ADMINISTRATIVE STAFF USE ONLY:

Accepted Provisional: _____ FTO Assigned: _____

FTO Completion Date: _____ Cert Level on File: _____



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Authorization for Disclosure of Information

I, _____, having made application for uncompensated employment at Windsor Volunteer Ambulance, Inc (WVA), do hereby voluntarily authorize Windsor Volunteer Ambulance, Inc and/or any agent or representative it deems appropriate to make any inquiry it finds necessary into my criminal, personal, educational, employment and/or financial background.

I, _____, further authorize any and all institutions have such information in their records to release this information to Windsor Volunteer Ambulance, Inc. or its agent and/or representative upon request.

I further voluntarily agree to hold the Town of Windsor, CT, Windsor Volunteer Ambulance, Inc and any institution which makes such information available to Windsor Volunteer Ambulance, Inc free from any legal or civil liability which may arise as a result of these inquiries and disclosures.

Dated this _____ day of _____, 20____
(Day) (Month) (Year)

Applicant Printed Name: _____

Applicant Signature: _____

Witness Printed Name: _____

Witness Signature: _____