

Lenox Volunteer Ambulance Squad

Application for Membership

Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Work Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Do you have a valid Massachusetts Driver's License? ☐ Yes ☐ No

Do you have a vehicle for use in responding to emergency calls? ☐ Yes ☐ No

Do you currently hold any of the following certificates? If so, expiration dates?

☐ Massachusetts EMT ☐ EMT -I ☐ Paramedic Expires _____
☐ Semi-Automatic Defib ☐ Epi-Pen ☐ Mast Pants

☐ CPR for the Professional Rescuer (Red Cross) Expires: _____

☐ Health Care Provider (American Heart Association) Expires: _____

☐ First Responder Expires: _____

☐ Other: _____ Expires: _____

What experience do you have that may aid you in responding to emergency calls? _____

Working as an Emergency Medical Responder requires heavy lifting, bending, walking, climbing stairs, adequately corrected sight and hearing, and good communication skills. Do you have any limitations that would impair your ability to perform any of the following? ☐ Yes ☐ No (Comments on Back)

Please list three (3) personal references:

Name	Address	Phone	Relationship
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I hereby attest that all the information provided here is accurate and true. I understand that providing false information is grounds for dismissal. I further understand that the Lenox Volunteer Ambulance Squad conducts background checks on it's membership for the purpose of protecting the public we serve. I hereby grant the Lenox Volunteer Ambulance Squad permission to conduct a background check if membership is granted.

Signed: _____

Date: _____

☐ (Additional Comments on Reverse)