

# Old Lyme Volunteer Ambulance Association, Inc.

## -APPLICATION FOR MEMBERSHIP-

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

SSN#: \_\_\_\_\_

TELEPHONE NUMBERS DAYTIME: \_\_\_\_\_ EVENINGS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DRIVERS LICENSE INFO STATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ OP# \_\_\_\_\_

### EDUCATIONAL BACKGROUND

HIGH SCHOOL OR EQUIVALENCY: YES:  NO:

COLLEGE DEGREE: \_\_\_\_\_

TECHNICAL TRAINING: \_\_\_\_\_

PREVIOUS CRIMINAL BACKGROUND? YES:  NO:

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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### CURRENT FIRST AID/EMS TRAINING & CERTIFICATION:

CHECK ALL THAT APPLY

1.  CPR CARD EXP. DATE: \_\_\_\_\_
2.  FIRST AID (STANDARD) CARD EXP. DATE: \_\_\_\_\_
3.  FIRST AID (ADVANCED) CARD EXP. DATE: \_\_\_\_\_
4.  MRT NUMBER: \_\_\_\_\_ CARD EXP. DATE: \_\_\_\_\_
5.  EMT NUMBER: \_\_\_\_\_ CARD EXP. DATE: \_\_\_\_\_
6.  OTHER: \_\_\_\_\_ CARD EXP. DATE: \_\_\_\_\_

AVAILABILITY: DAYTIME HOURS: \_\_\_\_\_

EVENING HOURS: \_\_\_\_\_

WEEKEND HOURS: \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_

**REFERENCES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

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I acknowledge I will be volunteering my time. I do not expect to receive compensation, paid expenses, fees and or wages for my time.

I understand as long as I am a member of the Old Lyme South End Volunteer Ambulance Association I am not able to work for the Town of Old Lyme as part of the paid EMS service.

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please note: Applications will be read at two business meetings prior to being voted on. Applicants MUST attend one (1) Business meeting and one (1) Training to be eligible for voting upon.**

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**-----DON NOT FILL IN SECTION BELOW LINE-----**  
**APPLICATION STATUS**

INVESTIGATING COMITEE: DATE: \_\_\_\_\_

INVESTIGATING COMITEE REPORT:

DATE: \_\_\_\_\_ APPROVED  DISAPROVED

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**DEPARTMENT ACTION**

READINGS AT MEETINGS:

FIRST DATE: \_\_\_\_\_ SECOND DATE: \_\_\_\_\_

ATTENDANCE DATES: \_\_\_\_\_

PROBATIONARY ELECTION:  DATE: \_\_\_\_\_

ELECTED TO MEMBERSHIP:  DATE: \_\_\_\_\_

# <sup>2</sup>*Old Lyme Volunteer Ambulance Association, Inc.*

P.O. Box 911  
Old Lyme, Connecticut 06371  
Phone (860) 434-0089 - Fax (860) 434-8052



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## **Please Check One of the Following:**

### **I Accept the Hepatitis B Vaccination**

I have received information and training pertaining to Hepatitis B and the vaccine. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I understand the benefits and risk of the vaccine and I consent to receive this vaccine.

I understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series (three vaccination series; second vaccine one month after first vaccine; and third vaccine within five months of second vaccine).

### **I Decline the Hepatitis B Vaccination**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

## **Please check one of the following if you are declining:**

I am declining because I have previously completed the hepatitis B vaccination series.

I am declining because I choose not to have the hepatitis B vaccination series. I am also aware that I may change my mind at a later date.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Applications for membership must be accompanied with the following:**

- 1) Copy of your Drivers License.**
- 2) Copy of your Social Security Card.**
- 3) Copy of your Vehicle Registration. (If applicable)**
- 4) Copy of your current EMS Certification card.**
- 5) Copies of any additional training certificates that may apply.**

**-Old Lyme South End Volunteer Ambulance Association meetings are on the second Thursday of Each month.**

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**Thank you.**