

OLD LYME SOUTH END VOLUNTEER AMBULANCE ASSOCIATION, LLC



APPLICATION FOR MEMBERSHIP

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

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

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (please attach a copy of your card for a background check)

EMAIL: \_\_\_\_\_

TELEPHONE NUMBER CELL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ HOME: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

THE BELOW INFORMATION IS NEEDED FOR YOU TO RECEIVE ACTIVE 911 ON YOUR CELL PHONE ONCE YOU ARE A VOTED IN AS A PROBATIONARY MEMBER.

CELL PHONE CARRIER (AT&T, VERIZON, ETC.): \_\_\_\_\_

TYPE OF PHONE (MOTOROLA, LG, IPHONE, ETC.): \_\_\_\_\_

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

DRIVER'S LICENSE INFO (Please attach a copy to this application, or Photo ID if no DL)

STATE: \_\_\_\_\_ TYPE/CLASS: \_\_\_\_\_ DL#: \_\_\_\_\_

EDUCATIONAL BACKGROUND:

HIGH SCHOOL OR EQUIVALENCY: YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

PREVIOUS CRIMINAL BACKGROUND? YES \_\_\_\_\_ NO \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OLD LYME SOUTH END VOLUNTEER AMBULANCE ASSOCIATION, LLC



APPLICATION FOR MEMBERSHIP

CURRENT TRAINING & CERTIFICATION: IF NONE CHECK HERE: \_\_\_\_\_

	Organization (AHA, Red Cross, etc)	CARD EXP DATE (MM/YY)	NUMBER
CPR (Healthcare Provider)			
CPR (Lay person)			
First Aid (Standard)			
First Aid (Advanced)			
EMR			
EMT			
OTHER			

PLEASE ATTACH A COPY OF ALL CERTIFICATIONS, IF ANY, TO THIS APPLICATION

IF NO CERTIFICATES ABOVE, ARE YOU ENROLLED IN A CURRENT EMR/EMT CLASS?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NAME OF INSTRUCTOR: \_\_\_\_\_

CLASS LOCATION: \_\_\_\_\_

IF NO, WOULD YOU BE INTERESTED IN STARTING AN EMR \_\_\_\_\_ OR EMT \_\_\_\_\_ CLASS WITHIN THE NEXT YEAR?

AVAILABILITY: M\_\_T\_\_W\_\_TH\_\_F\_\_SA\_\_SU\_\_  
DAY\_\_EVE\_\_NIGHT\_\_

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



APPLICATION FOR MEMBERSHIP

REFERENCES:

- 1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_
2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_
3. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

By signing below, I acknowledge that I will be volunteering my time. I do not expect to receive compensation, paid expenses, fees and or wages for my time. I attest that all of the above information is true and correct to the best of my knowledge.

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

PLEASE NOTE: Applicants MUST attend one (1) Business Meeting and one (1) In-House Training to be eligible for membership. The Business Meetings are held on the 2nd Thursday of the month. Trainings are on the 4th Thursday of the month. All located at the Cross Lane Fire Station, 22 Cross Lane, Old Lyme.

OFFICE USE ONLY

DATE APPLICATION RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_
CERTIFICATE/LICENSE COPIES: \_\_\_\_\_ SS CARD: \_\_\_\_\_ DL: \_\_\_\_\_
BACKGROUND CHECK IF >16 Y/O SENT: \_\_\_\_\_ RECEIVED \_\_\_\_\_ PASS/FAIL(circle one)
DATE OF ATTENDANCE AT BUSINESS MEETING: \_\_\_\_\_
DATE OF ATTENDANCE AT IN-HOUSE TRAINING: \_\_\_\_\_
APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_
ELECTED TO SOCIAL MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_
ELECTED TO PROBATIONARY MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_
ELECTED TO REGULAR MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_