



OLD LYME SOUTH END VOLUNTEER AMBULANCE ASSOCIATION INC  
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: \_\_\_\_\_

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



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Current Training & Certification: If None check Here: _____			
	ORGANIZATION (Red cross, AHA, etc)	CARD EXP DATE (MM / YY)	Cert Number
CPR (Health Care provider)			
CPR (Lay person)			
First Aid (Standard)			
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    or    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:** \_\_\_\_\_



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REFERENCES:

1. NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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

CITY \_\_\_\_\_, STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

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 2<sup>nd</sup> Thursday of the month. Trainings are on the 4<sup>th</sup> Thursday of the month. All located at the Cross Lane Fire Station, 14 Cross Lane, Old Lyme.**

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Office Use Only

Date application Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Certificate / License Copies: \_\_\_\_\_ SS CARD \_\_\_\_\_ DL: \_\_\_\_\_

BACK GROUND CHECK IF > 16 Y/O SENT: \_\_\_\_\_ RECEIVED \_\_\_\_\_ PASS / FAIL (circle one)

Date of Attendance (Business Mtg) \_\_\_\_\_.

Date of Attendance (Training) \_\_\_\_\_.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

ELECTED TO SOCIAL MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ELECTED TO PROBATIONARY MEMBER \_\_\_\_\_ DATE: \_\_\_\_\_

ELECTED TO REGULAR MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_