



VOLUNTEER MEMBERSHIP APPLICATION

New Canaan Volunteer Ambulance Corps
182 South Avenue, New Canaan, Connecticut 06840



Legal Name: Last _____ First _____ Middle _____

Home Address: Number and Street _____

City _____ State _____ Zip _____

Email: _____ DOB: ____/____/____ Age: _____

CT Driver's License No. (mandatory) _____ Home Phone: (____) _____ - _____

Work Phone (____) _____ - _____ Can we call you at work? _____ Cell Phone: (____) _____ - _____

Occupation: _____ Employer: _____ No of years there: _____

Address: _____

REFERENCES: Please list three people, over the age of 18, **not related to you**, that you have known for at least three years. (No more than one NCVAC member, please.)

1. M _____ Years known _____

Address _____ phone (____) _____ - _____

City _____ State _____ Zip _____

2. M _____ Years known _____

Address _____ phone (____) _____ - _____

City _____ State _____ Zip _____

3. M _____ Years known _____

Address _____ phone (____) _____ - _____

City _____ State _____ Zip _____

EXPERIENCE: Previous and current public safety experience (police, fire, EMS): include organization name(s)

Address _____

Length of service _____

Please note: No prior medical training is required for application to NCVAC-New Canaan Volunteer Ambulance Corps.

Previous medical training: (Please attach copies of all certifications)

- | | | | |
|--------------------------|-----------|----------------------|-----------------|
| <input type="checkbox"/> | CPR | Date completed _____ | Exp. Date _____ |
| <input type="checkbox"/> | First Aid | Date completed _____ | Exp. Date _____ |
| <input type="checkbox"/> | EMT | Date completed _____ | Exp. Date _____ |
| <input type="checkbox"/> | Other | Date completed _____ | Exp. Date _____ |
- if "Other", please explain: _____



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Please check the appropriate box and explain all "YES" answers:

Have you ever been convicted of a felony or misdemeanor?

NO YES _____

Have you ever been cited for any motor vehicle violations other than parking tickets in the last five years?

NO YES _____

Do you have any disability that would preclude you from lifting heavy objects or performing the strenuous work associated with ambulance duty?

NO YES _____

How did you hear about New Canaan Volunteer Ambulance Corps?

Why do you think emergency medicine is something you would enjoy?

Why do you think you would be an asset to NCVAC?

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

I certify that the statements contained in this application are accurate and truthful to the best of my knowledge. I understand that omissions or misrepresentations regarding this information may be grounds for rejection or dismissal. I agree to having my motor vehicle and/or criminal records examined at any time for the purpose of establishing my good character.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

APPLICATION	_____	_____
REFERENCE #1	_____	_____
REFERENCE #2	_____	_____
REFERENCE #3	_____	_____
MED FORM	_____	_____
INTERVIEW FORM	_____	_____

DATE ACCEPTED _____