

## Echo Hose Ambulance Volunteer Application

This form is an alternative to the webform electronic submittal version.

### Application Instructions:

1. Please fill out the application below legibly. Items noted with “ \* ” are required to process your application. If necessary, attach additional pages of explanation with this form.
2. Email the completed application (or Print application to submit via postal mail).

*Last Name:
*First Name:
Middle Initial:
*Street Address:
*City:
*State:
*Zip Code:
*Main Phone Number to contact you:
Cell / Work / Home / Alternate Phone Number:
Email Address:
Are you over the age of 18?:
Do you currently Have any points on your driver's license?:
If yes, please explain:
Have you ever been arrested, or have received a fine, for committing a crime within the United States?:

If yes, please explain::
Are you currently, or have you ever been under the influence of any illegal substance?:
If yes, please explain::
Are you currently, or have you even been under the influence of a controlled substance without a prescription or direction of your personal care physician?:
If yes, please explain:
Are you under any physical restriction that would prevent you from lifting a patient? (Please note, this position requires lifting capabilities of both patients and equipment):
If yes, please explain::
Current Employer:
Employer Address (Street, City, State, Zip Code):
Current Supervisor:
Supervisor Contact Phone Number:
Current Job Title / Position:
Length of your employment:
May we contact this employer?:

List all EMS / Public Safety Experience you may have (Organization, Contact Number, Start Date-End Date). If none, write N/A:

High School Attended:

Years completed:

Diploma or GED obtained?:

List College(s) attended:

Highest level of college completed:

Degree(s) Obtained:

\*EMS Certification(s):

\*CT Certification Number:

\*CT Certification Date:

EMS Certification Course location (Organization, City, State):

\*Current Health Care Provider CPR Issue Date (dd/mm/yyyy):

Sign your initials to confirm you have read and understand the following statements:

I understand that all applicants are subject to random drug screenings. I understand that all applicants will undergo a thorough background check prior to being interviewed. I confirm the information provided above is true and accurate to the best of my knowledge.

**Your Initials** \_\_\_\_\_ **Date** \_\_\_\_\_