Application for Membership

Toe below identified individual hereby makes application to become a volunteer with the Stanwood EMS Service.
–Legibly PRINT all information-

NAME: _____ CIRCLE ONE M F

ADDRESS _____ HOME PHONE _____

CITY, ST, ZIP _____ CELL PHONE _____

AGE: _____ (The State of Iowa requires any individual wishing to obtain certification as an EMT, be at least 18 years of age before taking the certification exam) If you are not currently 18, will you be prior to completing a certification exam? Y N

Please List Any Current Certification or License You Possess

_____ Expiration Date: ____ ____

_____ _____

Please continue on reverse side of this page should you require additional space.

Are you a high school graduate, or possess an equivalent? Y N explain:_____

Do you have any physical or mental condition which would affect your Ability to perform your EMS duties? Y N explain: _____

Do you give permission for the EMS Service to obtain a copy Of your driving record and/or perform a criminal history check? Y N

Are you willing to become enrolled in an EMT certification class? Y N explain:_____

_____

Please provide any additional information the EMS Service might find useful in determining your abilities and qualifications to perform duties as a volunteer, as well as any previous Emergency Medical or Fire Service experience.

_____

_____

My signature below gives permission to the Stanwood EMS Service Board of Directors to review my application, and perform the indicated records checks should they find it necessary in determining my acceptance as a volunteer member of the EMS Service.

Signature: _____ Date: _____/_____/_____