



The City of Horseshoe Bend
Horseshoe Bend Ambulance
VOLUNTEER AMBULANCE APPLICATION



LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS:		
CITY	STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL
*DRIVERS LICENSE #/STATE	*DATE OF BIRTH	SOCIAL SECURITY NUMBER

*Birthdate and Driver's License # are needed for driving record and background check.

Have you ever been convicted of a misdemeanor or felony? Yes No

If "Yes", please give a short explanation outlining the circumstances of your conviction in the space below. (Please indicate date, nature and place of offense): _____

Have you ever filed an application with Horseshoe Bend Ambulance before? Yes No

Have you ever served with Horseshoe Bend Ambulance before? Yes No

If "Yes", please give date, duration, and brief description of duties: _____

Have you ever been a volunteer or paid EMT before? Yes No

If "Yes", please give location, date, duration, and brief description of duties: _____

Do you have any condition(s) that would keep you from performing the duties of an EMT?

Yes No

If "Yes", please give a short explanation outlining the circumstances of your condition. _____

References:

Please give name, phone number, and email address of 3 references

1. _____
2. _____
3. _____

Education:

High School: _____

Date: _____

College: _____

Date: _____

College: _____

Date: _____

Trade or Vocational: _____

Date: _____

Describe any specialized training, apprenticeship, skills, certifications, etc. that you have that are related to this position:

CERTIFICATE OF APPLICANT

(Read carefully before signing)

As an applicant for membership with the Horseshoe Bend Ambulance Department, I understand that I am required to furnish information concerning my physical, educational, and mental qualifications, as well as my character. In this regard, I hereby authorized the Horseshoe Bend Ambulance Department to make any and all appropriate inquiries regarding or related to the above described matters. Moreover, I authorize those persons or organizations selected by Horseshoe Bend Ambulance to release any and all information of a confidential or privileged nature.

I understand that my signing of this document is not to be considered as an indication of probable membership or volunteer employment, nor does it obligate Horseshoe Bend Ambulance or the City of Horseshoe Bend to accept my application, but is only part of the selection process. I will, as part of the selection process, at the option of Horseshoe Bend Ambulance or the City of Horseshoe Bend, submit to a drug screening test which will be reimbursed to me after successful completion of training and release to duty by the Horseshoe Bend Ambulance Director. I understand that the purpose of the drug screening test is to determine the presence of any controlled substances in my blood.

I am aware that withholding pertinent information or including false information will be cause for the withdrawal of my name for consideration from volunteer employment with the Horseshoe Bend Ambulance and can provide cause for termination if discovered after I have started work.

I hereby release you, your organization, the City of Horseshoe Bend, the Horseshoe Bend Ambulance, it's agents, employees, or assigns, or others from any liability or damage which may result from the furnishing of the information requested.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. In the event of acceptance of my application and subsequent volunteer employment, I agree and understand that any misstatement of facts herein may cause forfeiture of my volunteer employment.

I understand that upon my being accepted as a Volunteer, I will be placed on probation for one (1) year and my status as a Volunteer can be terminated at any time without cause during my probation.

Signature: _____

Date: _____

Printed Name: _____

