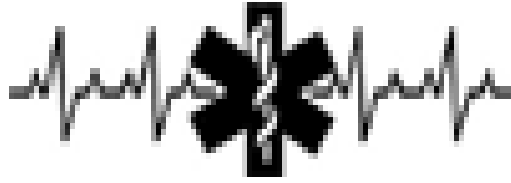


Town of Lee Ambulance Service



Membership Application

(supplement to town application)

Name: _____ Date of Application: _____

Phone: _____ email: _____

License # _____ exp: _____

MA EMT# _____ exp: _____

NREMT # _____ exp: _____

CPR card exp: _____ ACLS exp: _____

Current level: (check one)

____ Paramedic

____ EMT Intermediate

____ EMT Basic

____ FR/Student (please complete student section below)

____ Junior Member Sponsor Name: _____

EMT education: date of completion: _____

Course location; _____ Instructor: _____

Students complete this section: (otherwise skip to EMS references)

Are you over 18? _____ (if no, parent must sign here) _____

Student intern? _____ School name: _____

Contact person: _____

Phone # _____

EMT Student? _____ Program _____

Contact person or I/C _____

Phone # _____

EMS references (please list 3 below)

Name	Relationship to applicant	Address	Phone # or email address

Please list any EMS experience:

Please tell us why you are interested in joining:

Do you have any medical conditions or a disability that may prevent you from performing all the duties expected of an Emergency Medical Technician? _____ (if yes, explain below)

A copy of your driving record will be required for membership.

A criminal history record check will be performed on all applicants.

A pre-employment physical, including drug testing, may be required for membership and random drug testing is performed periodically.

I have read, understand and agree to abide by Lee Ambulance Standard Operating Guidelines and HIPAA policies. (Available on Google Docs)

Applicant Signature: _____

(if a student under 18)

Parent or Guardian Signature: _____

(if a junior member)

Sponsor Signature: _____