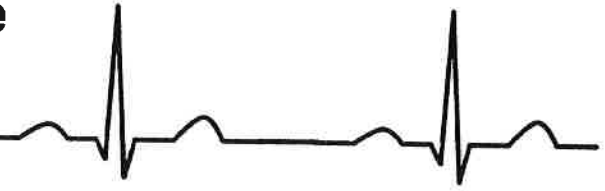




Primghar Ambulance Service

APPLICATION FOR MEMBERSHIP



The Primghar Ambulance Team strives to provide the community with prompt, competent care in the pre-hospital setting. To fulfill our mission we need volunteers with compassion and a willingness to learn the basics of the Emergency Medical System (EMS) whether as caregivers or support personnel such as ambulance drivers.

Date of Application: _____

PERSONAL INFORMATION

Full Name: _____

Email: _____

Street Address: _____ City/State/Zip: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Are you over 18 years of age? Yes No If no; how old are you? _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

POSITION APPLYING FOR

Driver License _____ State: _____ Class: _____ Expiration: _____

EMT Certification # (if certified) _____ Expiration: _____

Ride Along (Ride with ambulance team members and see what it's all about before joining in a role above.)

CPR Certified? Yes No If yes, when was it issued? _____ Expires: _____

Are you a member of any other Emergency service? Yes No If yes, which service: _____

Have you ever applied to the Primghar Ambulance Team? Yes No If yes, when? _____

OTHER INFORMATION

List any skills or experience related to emergency rescue/medicine (i.e. Medical/First Aid/CPR training).

1. _____
2. _____
3. _____

REFERENCES

Please provide two (2) reference we may contact.

1) Name: _____ Relationship: _____

Phone Number: _____ E-mail: _____

2) Name: _____ Relationship: _____

Phone Number: _____ E-mail: _____

EMPLOYMENT

Employer Name: _____ Address: _____

Dear Employer,

Your employee is applying to become a member of the Primghar Ambulance Team. The mission of our team is to provide prompt, high-quality care 24-hours a day. This drives the need to have members who can respond during working hours. The Primghar Ambulance Team would like your support of the community by allowing your employee to be on call during working hours. If you cannot allow your employee to be on call, please allow his/her absence during a multiple casualty disaster.

Would you approve this applicant to be on ambulance call during your business hours?

Yes No

Signature of Employer: _____ Date: _____

APPLICANT'S ASSURANCES

From the State of Iowa EMS student registration form:

1. Do you have a medical condition, which in any currently impairs or limits your ability to perform the duties of this profession? Medical condition means any Physiological, mental, or psychological condition, impairment or disorder, including drug addiction or alcoholism. Yes No

2. Have you, within the last five (5) years engaged in the illegal or improper use of drugs or other chemical substances? Yes No

3. Has any state or other jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you? Yes No

4. Have there been judgments or settlements paid on your behalf as a result of a professional liability case? Yes No

5. Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? Yes No

Please attach an explanation to any 'yes' answers to the previous five questions on a separate page.

As a member of the Primghar Ambulance Team, I agree to abide by State and Federal laws, City Ordinances, and Bylaws governing the operation of this service. I agree to repay initial training costs for the Emergency Medical Technician (EMT) Course or Emergency Responder (EMR) Course if I elect to enroll in a course and do not complete my requirement as per this agreement. In addition, if I elect to take the EMT/EMR course I will serve at least two years on the Primghar Ambulance Team or repay the City the pro-rata share of my training costs.

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that if accepted, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references listed, to give you any and all information concerning my employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from utilization of such information.

I understand that this form shall accompany requests for official documents and confirmations of my license(s), certification(s), and/or credentials.

Within the Freedom of Information Law, all information contained or obtained herein will remain protected and will be used only for internal membership processing.

Applicant Signature: _____ Date: _____

This application requires the approval by the Primghar Ambulance Team and Primghar City Council.

THANK YOU FOR YOUR APPLICATION!

APPLICANT APPROVAL

FOR THE PRIMGHAR AMBULANCE TEAM

The applicant, _____, has been approved by the Primghar Ambulance Team members in accordance with the City's Ordinances and the Ambulance Team's Bylaws.

Director Signature: _____ Date: _____

Assistant Director/Secretary Signature: _____ Date: _____

FOR THE CITY OF PRIMGHAR

This applicant has been approved for appointment as a ambulance team driver or attendant for the Primghar Ambulance Team by the City Council of Primghar by action taken on _____.

City Clerk Signature: _____ Date: _____