



Plymouth Volunteer Ambulance Corps Application for Volunteer Service

APPLICANT INFORMATION

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Email: _____

Are you a U.S. citizen? Yes No If no, explain: _____

Driver's License Number*: _____ State Issued: _____
*Please attach a copy of your license to this application

Have you ever had your license suspended or revoked? Yes No

Do you have motor vehicle violations? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime? Yes No

If yes, explain in detail: (Please be aware that PVAC performs a background check on all prospective members. Failing to disclose a criminal offense can be a reason for denial of your application. Please attach any documentation.)

Have you ever been known by a different name or alias? Yes No

If so, please list all other names:

EMPLOYMENT HISTORY

Current Employer: _____ Phone: _____

Address: _____
Street City State Zip

Job Title: _____ Supervisor's Name: _____

Reason for Leaving: _____ Start Date: _____ End Date: _____

Past Employer: _____ Phone: _____

Address: _____
Street City State Zip

Job Title: _____ Supervisor's Name: _____

Reason for Leaving: _____ Start Date: _____ End Date: _____

Past Employer: _____ Phone: _____

Address: _____
Street City State Zip

Job Title: _____ Supervisor's Name: _____

Reason for Leaving: _____ Start Date: _____ End Date: _____

May we contact your employer(s)? Yes No

Have you ever been involuntarily terminated or asked to resign from a position?

Yes No

If yes, please explain in detail: _____

EMS EDUCATION AND EXPERIENCE

Highest level of education attained: _____

What is your current level of certification? (EMR, EMT-B, EMT-P): _____

CT Cert #: _____ NREMT Cert #: _____

*Please attach a copies of your EMS licenses to this application.

Where did you take your class for your current certification? _____

Who was your instructor? _____

When did you take it? _____

Have you had: HAZMAT Awareness: Yes No

Hepatitis B vaccine: Yes No

CEVO/EVOC: Yes No BLS CPR: Yes No Expiration Date: _____

List any other skills or certifications:

Have you ever applied here before? Yes No If yes, when: _____

Reason for leaving:

Are you or have you ever been a member of another EMS organization? If so, please list the organization and your supervisor.

How many years (if any) of EMS experience do you have? _____

How did you learn about PVAC? _____

Do you know anyone who works/volunteers for PVAC? _____

In signing this application, I attest that all of the above information is correct without omission. I understand that if I am accepted as a member of the Town of Plymouth Volunteer Ambulance Corps, any omitted or false information provided on this and any other document for PVAC can be cause for immediate dismissal. Furthermore, I authorize PVAC to contact my current and past employers for references as to my abilities and character and allow for a criminal background check to be performed, including motor vehicle infractions and violations.

Also, I understand that in order for my application to be considered, I must submit a resume and cover letter, copies of my current driver's license, MRT or EMT certificate, and any other related certifications.

Signature Date

Do not write below this line

*****Office Use Only*****

Accepted: Yes No Date: _____

If no, reason application denied: _____

Separation Date: Voluntary Involuntary

If involuntary, explain: _____

Eligible to rejoin: Yes No Date: _____