



Cambridge Area EMS



MEMBER INFORMATION AND DRIVER'S LICENSE REVIEW FORM

DATE: _____

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
HOME PHONE:		WORK PHONE:	CELL PHONE:	
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
EMAIL ADDRESS:				
EMT LICENSE NUMBER (if applicable):		START DATE: (if applicable; see below)		
WISCONSIN DRIVER'S LICENSE NUMBER:				
[NOTE: Any individual not possessing a valid Wisconsin Driver's License will be denied insurability and driving privileges.]				
Role (Please Check Primary Role Only):				
<input type="checkbox"/> Driver Only		<input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Basic Trainee		<input type="checkbox"/> AEMT
Is this member also a driver?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> BACKGROUND CHECK ONLY				

I (name of applicant), _____, authorize Cambridge Area EMS to conduct a driver's license review.

Signature of Applicant		Date
Signature of District Director or Designee		

Return **with copy of WI Driver's License** to e-mail: director@cambridgeareaems.com

Cambridge Area EMS or
271 West Main Street
PO Box 272
Cambridge, WI 53523

Fax: 608.423.3211 Voice: 608.423.3511