



**ST JOHN AMBULANCE JAMAICA
VOLUNTEER CORPS
CONTACT UPDATE FORM**

(To be completed LEGIBLY)

St John Ambulance Jamaica is a registered charity and a voluntary organization. We enable individuals to preserve their health, and quality of life through ambulance services, training, health care resources, relief, and charitable services to the community. We have a rich heritage of caring, compassion and healthcare. Promoting the relief of sickness, distress, and suffering. Helping others at some of the most vulnerable moments in their lives.

THE INFORMATION I PROVIDE BELOW IS TO MY BEST KNOWLEDGE TRUE AND I AUTHORISE ST JOHN TO INDEPENDENTLY VERIFY THE INFORMATION PROVIDED HERE IN. I ATTACH COPIES OF RELEVANT CERTIFICATES TO ATTEST TO ALL MY TRAINING AND QUALIFICATIONS.

(A copy of a government issued ID should be submitted with this application form)



SURNAME(S): _____ BLOCK CAPITALS CHRISTIAN NAME: _____ BLOCK CAPITALS MR/MRS/MS

ADDRESS: _____

DATE OF BIRTH: _____ PLACE/PARISH/COUNTRY OF BIRTH: _____

CONTACT NUMBER(S): _____ HOME WORK MOBILE

EMAIL ADDRESS: _____

NEXT OF KIN: _____ ADDRESS _____

_____ TELEPHONE # _____

HIGHEST EDUCATIONAL STANDARD ATTAINED: _____

CURRENT OCCUPATION/TRADE/PROFESSION: _____

NAME & ADDRESS OF PRESENT EMPLOYER: _____

(IF UNEMPLOYED PLEASE STATE SO) _____

KINDLY INDICATE BY CIRCLING IF YOU HAVE FORMAL QUALIFICATIONS IN ANY OF THE FOLLOWING AREAS:

MEDICAL DOCTOR/ EMT/MFR/REGISTERED NURSE/ ENROLLED NURSE/ PRACTICAL NURSE AND OR GERIATRIC NURSE (ATTACH CERTIFICATES).

STATE DETAILS OF ANY SERVICE IN THE MILITARY, POLICE, FIRE SERVICE OR DEPT OF CORRECTIONS: _____



ARE YOU CURRENTLY INVOLVED IN ANY DISHONEST OR ILLICIT PROCEEDINGS AND HAVE YOU EVER BEEN ARRESTED OR CHARGED FOR ANY CRIME AGAINST MANKIND? IF YES GIVE DETAILS: _____

HAVE YOU COMPLETED THE ST JOHN CERTIFICATE COURSE IN FIRST AID? _____ IF YES SAY WHEN? _____

HAVE YOU COMPLETED TRAINING IN PRACTICAL NURSING OR HOME NURSING? _____ IF YES, SAY WHEN AND TRAINING ORGANIZATION(S) ATTENDED _____

WHAT ARE YOUR HOBBIES OR SPECIAL SKILLS? _____

DO YOU HAVE ANY CURRENT OR PRIOR AFFILIATION TO ANY SERVICE CLUBS OR VOLUNTARY ORGANIZATION? PLEASE GIVE PARTICULARS: _____

PLEASE WRITE A SHORT ESSAY STATING WHAT ATTRACTS YOU TO ST JOHN JAMAICA. PLEASE ALSO INDICATE THE AREA OF SERVICE WITHIN ST JOHN THAT YOU THINK WOULD MATCH YOUR OWN SKILLS AND ABILITIES.

STATEMENT OF UNDERSTANDING AND CODE OF CONDUCT CERTIFICATION.

I AGREE THAT AS A ST JOHN MEMBER/VOLUNTEER, I MAY NOT ACCEPT PAYMENT FOR MY SERVICES UNLESS OTHERWISE STATED. I ALSO AGREE THAT I AM RESPONSIBLE FOR MY INCIDENTALS SUCH AS MEALS AND LOCAL TRANSPORTATION COSTS I MAY INCUR WHILE SERVING UNLESS OTHERWISE STATED.

AS A MEMBER/VOLUNTEER I AGREE TO ABIDE BY ALL THE RULES, REGULATIONS AND POLICIES OF ST JOHN AND WILL TAKE REQUIRED TRAINING WHERE APPLICABLE. I FURTHER AGREE THAT DURING MY ASSOCIATION WITH ST JOHN, TO REPORT PROMPTLY ANY CONFLICT THAT INVOLVES ME OR MIGHT APPEAR TO INVOLVE ME, IN THE BEST INTEREST OF ST JOHN AMBULANCE JAMAICA.

SHOULD I VIOLATE THE STIPULATED REGULATIONS, I UNDERSTAND THAT MY MEMBERSHIP MAY BE RESCINDED OR DISCIPLINARY SANCTIONS APPLIED. I UNDERSTAND THAT 2 DISCIPLINARY SANCTIONS WILL REVOKE MY MEMBERSHIP/ABILITY TO VOLUNTEER WITH ST JOHN.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE