

THE ROCKY HILL VOLUNTEER AMBULANCE ASSOCIATION, INC.
3050 Main St
Rocky Hill, CT
rhvaa@ci.rocky-hill.ct.us

MEMBERSHIP APPLICATION
FOR
RIDING MEMBERS

DATE: _____

NAME: _____ Other names
known by:

ADDRESS: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell: _____

SOCIAL SECURITY Number _____ - _____ - _____

Date of Birth: _____ E-Mail: _____

Do you hold a valid Connecticut driver's license? Yes / No

Driver's License Number: _____

License Plate: _____

Has your license ever been revoked or suspended? Yes / No

If yes, state when, where, for what offense, whether you were convicted or not, and if you were convicted what the state of that disposition is currently:

Can you safely physically lift fifty (50) pounds? Yes / No

Do you have any physical disabilities that would interfere with your ability to perform the duties of an EMR, EMT, or EMT-I Yes / No

Do you hold a current CPR card? YES NO Expires _____

EMS CREDENTIALS

Certifications/Credentials/State Numbers	Expiration Dates
EMR	
EMT	
AEMT	
PARAMEDIC	
EMS I	
PHTLS	
ACLS	
PALS	
PEPP	
NATIONAL REGISTRY	
Other	

EMS EDUCATION:

EMS COURSE	PROGRAM LOCATION	DATE COMPLETED

WORK EXPERIENCE

(Begin with most recent)

Employer	Location	Dates	Title	Reason Left	Suprv
EMS 1)	_____				
2)	_____				
3)	_____				
4)	_____				
Other 1)	_____				
2)	_____				
3)	_____				
4)	_____				

OTHER SKILLS AND ABILITIES

(Administrative, computer, management, mechanical, other languages)

REFERENCES

Name	Relationship	Phone Number (Wk/Hm)
1) _____		
—		
2) _____		
—		
3) _____		
—		

May be contact your references YES NO

EMERGENCY CONTACT

Name: _____ Relationship: _____
Home phone: _____ Work Phone: _____

Written narrative as to why you want to join Rocky Hill Volunteer Ambulance Association:

Who were you referred by? _____

