

EAST HADDAM AMBULANCE ASSOCIATION

Located at: 440 Town Street, East Haddam, CT 06423

Mailing Address: P.O. Box 17, Moodus, CT 06469

Phone: (860) 873-2838

www.easthaddamambulance.org

Facebook-East Haddam Ambulance Association

Proud to be a "Heartsafe" Community



Application for Membership

Name: _____
(Last) (First) (MI)

Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Cell Phone: _____ Home Phone: _____

Email: _____

How long at current address: _____

Most recent previous address: _____

Date of Birth: _____ Gender: Male _____ Female _____ Undisclosed _____
(Month/Day/Year)

Are you currently certified as an EMT/EMR in the state of Connecticut? Yes No
If yes: _____
(Certification Number) (Expiration Date)

Do you hold any other medical training licenses or certifications? Yes _____ No _____
If yes, describe and list issuing state and expiration dates: _____

Driver's License Number: _____ State: _____ Type: _____

Do you speak any foreign languages? Yes _____ No _____ if yes, which: _____

Please list two references, over the age of 18 who are not related to you (Name, address, telephone number):

- 1. _____
- 2. _____

List your last two employers (Name, address, phone number, period employed, position & supervisor's name):

- 1. _____

- 2. _____

East Haddam Ambulance Association

In the event of an emergency, who can we contact:

(Name)	(Relationship)	(Telephone Number)	(Address)

ACKNOWLEDGEMENT

Disclosure of the information requested in this application is voluntary. However, I understand that failure to provide information requested, or falsification of any information, could jeopardize my approval for membership. I certify that all of the information I have provided in this application are true and accurate to the best of my knowledge. I authorize the East Haddam Ambulance Association to contact the references I have listed. I understand that this application will become a permanent part of my training and membership records maintained by the East Haddam Ambulance Association. "Disclosures of any information contained on this application will not be made without my specific approval. If approved for membership, I agree to abide by all rules, regulations, standard operating procedures, policies and procedures, and by-laws as set forth by the East Haddam Ambulance Association and state and federal statutes and protocols.

Signature: _____

Date: _____

For EHAA Use Only (Do not write below this line)

Date reviewed by Membership Committee: _____

Date of Background Check: _____ Outcome: _____

References Checked:

1. Name/Date/Comments: _____

Initials of Officer: _____

2. Name/Date/Comments: _____

Initials of Officer: _____

Approved for membership _____ Disapproved for membership (*See below) _____

Date of approval for membership at Operations Meeting: _____

Approved as: Observer _____ EMR 4th _____ EMT 4th _____ Other _____

Date of approval for Full Crew membership at Operations Meeting: _____

Approved as: EMR _____ EMT _____ Other _____

Date of Resignation/Termination: _____

*Remarks / reason for disapproval (if disapproved, indicate date applicant notified and obtain their signature below):

