

Monongalia Emergency Medical Services

Application for Volunteer Membership

Application packet includes One (1) application and two (2) reference forms to be filled out by someone other than a relative. Also please attach a copy of your PPD if you have had one in the past year. Please also include any training you have had including CPR / First Aid, EMT, or any other medical or rescue training.

We look forward to working with you,
Mon EMS Staff

Monongalia Emergency Medical Services

Application for Volunteer Membership

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Street/Apt./P.O.Box City State Zip

Phone: (____) _____ (____) _____ (____) _____
Day Evening Work

D.O.B. __/__/____ **S.S.N.** ____ - ____ - ____

Emergency Contact: **Name:** _____
Address: _____
Phone: (____) _____
Relationship: _____

Background Information

Current AHA CPR (course C): Yes: __, No: __ If yes, list expiration: __/__/____

Are you now, or have you ever been a member of another EMS, Rescue Squad, Fire Department, or other emergency agency? Yes: __ No: __

If yes, please list these agencies, their addresses, phone numbers, and your dates of affiliation. _____

Release of Information

By signing this release, you are authorizing *Monongalia Emergency Medical Services* to perform any background checks deemed necessary. This could include a CIB request for ruling out or confirming a criminal record. All information obtained will be held in the strictest confidence, and used only for determining eligibility for membership.

_____/____/____
Authorized Signature Date

For Office Use Only: Received	____/____/____
Deferred	____/____/____
Approved	____/____/____
Reason	_____

Monongalia Emergency Medical Services

Application for Volunteer Membership (Two Required)

Reference Form

You have been listed as a reference for Applicants Name, who wants to join Monongalia Emergency Medical Services volunteer association. Please comment about this person in each section below and return form to applicant or mail to the address above.

Reliability and Integrity: _____

Ability To Perform Assigned Tasks: _____

Ability To Work And Get Along With Others: _____

Other Comments: _____

Name

Address

City, State, Zip

Signature

____/____/____
Date

Phone #

Monongalia Emergency Medical Services

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Other Comments: _____

Name

Address

City, State, Zip

Signature

/_____/_____
Date

Phone #