Dear Applicant:

Thank you for your interest in the Wilton Volunteer Ambulance Corps (WVAC). Established in 1976, WVAC started with just twelve members managing a call volume of little less than two hundred emergencies per year. Currently, we have approximately fifty members and handle a call volume of nearly fourteen hundred emergencies per year.

The application process starts with attending monthly WVAC training and business meetings. These meetings occur on the first and third Wednesdays of every month (with few exceptions) at WVAC Headquarters, located at 234 Danbury Road, Wilton, CT 06897.

Along with your application, we require you have two letters of recommendation mailed to WVAC Membership Recruiting, P.O. Box 216 Wilton, CT 06897. Once the application and letters are received, an interview will be scheduled. You can email any questions to recruiting@wiltonambulanace.org

You are required to attend three meetings, from the above mentioned. When the application requisites have been met, you will be presented to the Corps as a prospective member at your fourth meeting. When approved by the membership as a provisional member, Lindsay will schedule an orientation session with you, where you will be introduced to our policies and procedures. You will be provided with:

* A jump kit fully stocked with EMS supplies
* WVAC EMS jacket and shirts
* Clinical Apprentice Program booklet and Policy Handbook

After orientation, all members are required to adhere to the following:

* Volunteer two weekend and/or weeknight shifts per month (a minimum of twenty-four hours of on-duty shift time)
* Attend WVAC training and business meetings on the first and third Wednesday of every month
* Commit to at least one year of volunteering with WVAC

Thank you for your interest in joining the Wilton Volunteer Ambulance Corps, all the information provided by you will be kept confidential.

Membership Committee

APPLICATION FOR MEMBERSHIP

**PERSONAL INFORMATION: DATE OF APPLICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:**

 Last First Middle

**Address:**

 Street (Apt) City, State Zip

**Alternate Address:**

 Street (Apt) City, State Zip

**Contact Information:** ( ) ( )

 Home Telephone Mobile Telephone Email

**Social Security Number: Date of Birth:**

**EMERGENCY CONTACT INFORMATION:**

**Name:**

 Last First Middle

**Address:**

 Street (Apt) City, State Zip

**Contact Information:** ( ) ( )

 Home Telephone Mobile Telephone Relationship

**CERTIFICATIONS:**

 **Certification Type & No. Expiration Date State/Agency**

|  |  |  |  |
| --- | --- | --- | --- |
| EMR/EMT/AEMT/**Paramedic** |  |  |  |
| **CPR** |  |  |  |
| **Driver’s License** |  |  |  |
| Other Certifications |  |  |  |

**REFERENCES:**

Please list two references, excluding family members:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Phone Number** | **E-mail** | **Relationship** | **Duration of Relationship** |
|  |  |  |  |  |
|  |  |  |  |  |

**EDUCATION:**

 **School/Institution Degree/Certification Years Completed**

|  |  |  |  |
| --- | --- | --- | --- |
| **High School** |  |  |  |
| **College** |  |  |  |
| **Vocational/Technical/Trade** |  |  |  |
| Other Education |  |  |  |

**CURRENT/RECENT EMPLOYMENT:**

**Dates Employed Company Name Location Role/Title**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Job notes, tasks performed, and reason for leaving, if any:**

**Dates Employed Company Name Location Role/Title**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Job notes, tasks performed, and reason for leaving, if any:**

**VEHICLE INFORMATION:**

**Vehicle:**

Year Make Model Color VIN

**INTERESTS/HOBBIES:**

**VOLUNTEER WORK:**

**HONORS & AWARDS:**

**IMMUNIZATIONS:**

Please include a copy of your most recent immunization records. Please be sure to Include:

Hepatitis & TB Screening.

If you have any questions or concerns about your health and the ability to function as part of the crew, please communicate them to the Membership Chairperson.

**I attest that all information contained herein is, to my knowledge, accurate and correct.**

 **Signature of Applicant Date**

**Permission for a Minor**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission for my son or daughter,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the Wilton Volunteer Ambulance Corps as an active

member.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date