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.

In order to be considered for membership you must complete and submit an application for membership; submit a copy of your CPR AHA card & your CT EMT/EMR license; submit 2 letters of recommendation; attend 2 monthly WVAC training and/or business meetings and attend an orientation meeting. The business and training meetings occur on the first and third Wednesdays of every month (with few exceptions) at 7pm at Comstock Community Center 180 School Rd. Wilton, CT 06897.

You can mail, email or hand deliver your paperwork all at once or as you complete them. Our mailing address is: WVAC Membership Recruiting, P.O. Box 216 Wilton, CT 06897. And you can email any paperwork or questions to [admin@wiltonambulance.org](mailto:admin@wiltonambulance.org)

When the application requisites have been met, you will be presented to the Corps as a prospective member at our next business meeting. When approved by the membership as a provisional member you will be provided with:

* WVAC EMS Job Shirt and uniform shirt
* Clinical Apprentice Program and Policy Handbook
* Pager

After being voted in by the membership, all members are required to adhere to the following:

* Volunteer weekend and/or weeknight shifts per month (a minimum of thirty six hours of on-duty shift time)
* Attend WVAC training and business meetings on the first and third Wednesday of every month

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

WVAC President

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:**

**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**

**\*\*\*PLEASE ATTACH A COPY OF YOUR BILL OR RECEIPT FROM YOUR EMT COURSE FOR REIMBURSEMENT AFTER ONE YEAR OF VOLUNTEER SERVICE (MIN. 36HRS/MO FOR 1 YR)**

**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