



Newtown Volunteer Ambulance Corps  
77 Main Street, PO Box 344  
Newtown, Connecticut 06470  
(203) 270-4380

**Application for Membership**

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**Please fill in every blank and please print. If not applicable, write "N/A".**

Application Date (MM/DD/YY): \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_  
Last First Middle Initial email  
Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth(MM/DD/YY): \_\_\_\_\_ Marital Status (Circle): M S  
Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_. Email Address: \_\_\_\_\_  
Please Identify any physical limitation or condition that might affect your ability to function. . \_\_\_\_\_  
\_\_\_\_\_  
Level of Education (Please Circle): High School. 1 2 3 4 GED College 1 2 3 4  
Graduate School.

**Driver Information**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
Expiration Date (MM/DD/YY): \_\_\_\_\_ Class: \_\_\_\_\_  
Restrictions to License: \_\_\_\_\_  
Description of all moving violations within the last 5 years: \_\_\_\_\_  
\_\_\_\_\_  
Have you ever had your license suspended (Circle)? Yes No  
If yes, explain. \_\_\_\_\_

**Work Information**

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_  
Years with this employer? \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Hours: \_\_\_\_\_  
Do you rotate shifts (Circle)? Yes No  
When would you be available for ambulance duty?  
Weekends: \_\_\_\_\_ Weekdays: \_\_\_\_\_ Week Nights: \_\_\_\_\_

**EMT Training Information**

Are you an Emergency Medical Technician (Circle)? Yes No  
If Yes,  
Level (Circle). Basic Intermediate Paramedic  
National Registry Number: \_\_\_\_\_ Expires on (MM/DD/YY): \_\_\_\_\_  
State Certification Number: \_\_\_\_\_ Expires on (MM/DD/YY): \_\_\_\_\_  
Where was your original training course given? \_\_\_\_\_



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List any other emergency training, include certificate expiration dates if applicable (MM/DD/YY). \_\_\_\_\_

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

State reason for wanting to join Newtown Ambulance: \_\_\_\_\_

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

Do you know any of our members? If so please name them? \_\_\_\_\_

\_\_\_\_\_

Please describe in your own hand writing a past experience where quick thinking and teamwork played an important part (use 50 - 100 words).

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

Note: If you are asked to visit the Ambulance facility for an interview, please bring your drivers license and social security cards. Personnel will need to copy these documents in order for you to proceed with your application.



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**Release form for Police and DMV Check**

I, \_\_\_\_\_, hereby authorize release of any police and DMV  
(Print Full Name)  
information in my name to Newtown Volunteer Ambulance Corps.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Height (FEET/INCHES): \_\_\_\_\_ Weight (LB): \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Eye Color: \_\_\_\_\_

Have you ever been convicted of a crime (Circle)? Yes No

If "Yes" please explain: . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Moral Contract

I, the applicant for membership, understand that the Newtown Volunteer Ambulance Corps will make a significant investment of time and money in my training with the goal of my becoming a Released Member. I fully understand that this training can take about 9 months and that I will commit the effort necessary to complete the program.

Without reservation, I agree that upon my appointment to full membership, I will serve as an active member for a minimum of 2 years. Active members provide the Corps with a minimum of 30 hours of service each month, attend monthly meetings and comply with the Newtown Volunteer Ambulance Corps Bylaws.

In the event that short-term difficulties prevent my compliance with this moral contract, I understand that a Leave of Absence will be permitted. Thereafter, I will resume my membership activity.

Newtown Volunteer Ambulance Corps, in turn, understands that long term conditions affecting family, health, employment, personal life situations, etc. can make this commitment impractical. When these conditions occur and a good faith effort is no longer practical, Newtown Volunteer Ambulance Corps will consider the moral contract completed.

It is sincerely hoped that the applicant will remain an active member of the Newtown Volunteer Ambulance Corps indefinitely.

### Applicant Affirmation

_____	Signed Name
_____	Printed Name
_____	Date Signed

### Newtown Volunteer Ambulance Corps

_____	Signed Name
_____	Printed Name
_____	Date Signed