

BETHLEHEM AMBULANCE ASSOCIATION, INC.

**P.O. Box 401
Bethlehem, Ct. 06751
203-266-6666**

I hereby make application for membership in the Bethlehem Ambulance Association, Inc.

Name: _____ D.O.B. _____

Address: _____ S.S. # _____

Home Phone: _____ Drivers Lic.# _____

Work Phone: _____ Lic. Type: _____

In case of emergency contact:

Name: _____ Relationship: _____ Phone#: _____

Have you had a Hepatitis B vaccination series? _____

Have you been TB tested within the last year? _____

Please list any medical experience or training you have (EMT, MRT, CPR, etc.)

In what capacity would you be willing to volunteer? (EMT, MRT, Driver, Clerical, fund raising, etc.)

Have you been convicted of a crime, excluding misdemeanors and summary offenses, in the past seven years, which has not been annulled, expunged, or sealed by a court? If yes, please describe in full.

Have you had more than three motor vehicle violations in the past seven years? If yes, please describe in full.

Personal references (not relatives)

Name: _____ Address: _____ Tel. #: _____

The facts set forth in my application for membership are true and complete.

Signature of applicant and Date
