



# APPLICATION FOR MEMBERSHIP

## Norfolk Lions Club Ambulance

PO Box 399, Norfolk, Connecticut 06058, 860-542-5077



Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ DOB: \_\_\_\_\_

Position Applying For: (circle one): Driver 1st Responder MRT EMT EMT-I Paramedic Other

If other, please explain: \_\_\_\_\_

List any current medical certifications: 1. \_\_\_\_\_ Cert # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(e.g. CPR, Defib, EMT, RN, MD, etc.)

2. \_\_\_\_\_ Cert # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3. \_\_\_\_\_ Cert # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

4. \_\_\_\_\_ Cert # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you hold a valid CT Driver's License? \_\_\_\_\_ License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you been a member of another ambulance or fire department? If so, where? When?

\_\_\_\_\_

What previous experience do you have?

\_\_\_\_\_

Include three references with telephone numbers:

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any physical, medical, or mental problems which might impair your ability to perform as an ambulance member? Have you ever been convicted of a crime? If yes, please explain below.

\_\_\_\_\_

Reason for applying:

\_\_\_\_\_

By signing below, I authorize Norfolk Lions Club Ambulance to perform a background check to verify the above information. All information will be held strictly confidential.

Signature: \_\_\_\_\_

Membership approval:

Date: