

DEEP RIVER AMBULANCE ASSOCIATION, INC.
APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

email: _____

Date of Birth: _____ SSN: _____ CT Driver's Lic: _____

U.S. Citizen? _____ Military Svce? _____ Length of Svc/Type of Discharge: _____

How Long at Present Address? _____ Former Address: _____

Employer: _____ Position: _____

List 5 Years of Employment:

1. _____ 2. _____

3. _____ 4. _____

Ever Convicted of Traffic Violations? _____ (If yes, please explain) _____

Ever Convicted of a Felony? _____ (If yes, please explain) _____

Past or Current Member of another Fire/EMS Organization? Yes _____ No _____

Where? _____

Reason for leaving (if applicable) _____

I HAVE TAKEN (and am presently certified in):

First Aid: _____ CPR: _____ MRT: _____ EMT: _____ Other: _____

I am interested in taking a course in:

MRT: _____ EMT: _____ Other: _____

Reason for applying for membership to Deep River Ambulance Association (DRAA):

I would be available for: _____ DAY SHIFT: _____ NIGHT SHIFT: _____

I hereby submit an application for membership to the Deep River Ambulance Ass'n. I hereby certify that the answers to the above questions are true to the best of my knowledge. I agree to abide by the regulations (By-Laws and SOGs) set forth by the DRAA. I understand that all applicants may be subjected to background checks if deemed necessary by the Executive Committee or Board of Directors.

Signed: _____ Date: _____

Recommended by: _____ Date: _____

Accepted to Probation: _____ Accepted to Membership: _____