

Brooklyn EMS Department Volunteer Application

Contact Information

Name	
Street Address (Apt number)	
City, ST, ZIP Code	
Telephone Number	
E-Mail Address	
Date of Birth	
Social Security Number	
Driver License Number	Expiration:

Availability

During which hours are you available for volunteer assignments?

- | | |
|--------------------|--------------------|
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

Employment (List most recent or current first)

Are you currently employed	YES	NO	
May we contact your workplace for a reference?	YES	NO	
Name of Employer			
Street Address			
City, State, Zip Code			
Telephone Number			
E-Mail Address			

Past Employment

Name of Employer	
Street Address	
City, State, Zip Code	
Telephone Number	
E-Mail Address	

Past Employment

Name of Employer	
Street Address	
City, State, Zip Code	
Telephone Number	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Education

High School		Year graduated
College		Year(s) attended
Degree		
CPR Certified	YES NO	Expires
EMT Basic/IV Tech	YES NO	Expires
EVOC	YES NO	Year of initial course
Other		

Reference 1

Full Name

Contact
Information

Reference 2

Full Name

Contact
Information

Reference 3

Full Name

Contact
Information

Agreement and Signature

By submitting this application, I affirm to the Brooklyn EMS that the facts set forth in it are true and complete. In applying for the position of **EMT DRIVER** (check one/both) consent to and authorize release and disclosure of information relative to identity, driving records, criminal records, and/or work records that are pertinent to my acceptance as a member of the Brooklyn EMS and my ability to serve as a licensed Emergency Medical Technician or Driver.

Name (printed)	
Signature (NA if electronic)	
Date (MM/DD/YYYY)	

Our Policy

Membership in the Brooklyn EMS is based on the acceptance and approval of a prospective member by the Executive Board of Service. The Board reserves the right to accept or reject any application for membership. If approved by the Executive Board, then the membership will vote on final approval or rejection. Any false statements, omissions, or other misrepresentations made on this application may result in the immediate dismissal of the prospective member.

Thank you for completing this application form and for your interest in volunteering with Brooklyn EMS.

For Executive Board use only: **ACCEPTED** YES NO
 DENIED YES NO

Reason for denial:

**Return application to: Director of Brooklyn EMS
401 W. Main Street
P.O. Box 250
Brooklyn, WI 53521**