

Application for Volunteer Position

Applicant Information

Full Name: _____
First *Last* *M.I.*

Birth Assigned Gender: _____ Gender Identity: _____ Preferred Pronouns: _____

Address: _____
Street Address *Apt/Unit #*

City *State* *Zip Code*

Date of Birth: _____ Driver's License No: _____ State: _____

Phone #: (_____) _____ - _____ Cell Phone #: (_____) _____ - _____

Email Address: _____

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the United States? YES NO

Have you ever been convicted of a felony and/or misdemeanor? YES NO

If yes, please explain: _____

Have you ever been disciplined or discharged by a former employer for any YES NO

type of dishonesty, ethical misconduct, or violent behavior in the last 15 years?

If yes, please explain: _____

Education

High School: _____ City: _____ State: _____

Dates Attended - From: _____ To: _____ Did you graduate? YES NO

College: _____ City: _____ State: _____

Dates Attended - From: _____ To: _____ Did you graduate? YES NO

Degree: _____

Other: _____ City: _____ State: _____

Dates Attended - From: _____ To: _____ Did you graduate? YES NO

Degree: _____

References

Please list three references other than family. (Professional References Preferred)

Full Name: _____ Relationship: _____

Address: _____

Phone #: (_____) _____ - _____ Company: _____

Full Name: _____ Relationship: _____

Address: _____

Phone #: (_____) _____ - _____ Company: _____

Full Name: _____ Relationship: _____

Address: _____

Phone #: (_____) _____ - _____ Company: _____

Current / Past Employment

Company: _____ Phone #: (_____) _____ - _____

Address: _____

Dates Employed - From: _____ To: _____ Reason for Leaving: _____

Job Title: _____ Responsibilities: _____

Supervisor: _____ May we contact your supervisor for a reference? YES NO

Company: _____ Phone #: (_____) _____ - _____

Address: _____

Dates Employed - From: _____ To: _____ Reason for Leaving: _____

Job Title: _____ Responsibilities: _____

Supervisor: _____ May we contact your supervisor for a reference? YES NO

Company: _____ Phone #: (_____) _____ - _____

Address: _____

Dates Employed - From: _____ To: _____ Reason for Leaving: _____

Job Title: _____ Responsibilities: _____

Supervisor: _____ May we contact your supervisor for a reference? YES NO

EMS Experience

Do you currently hold a Vermont EMS certification? YES NO

If yes, what is your certification level, number, and expiration date?

Level: _____ Cert. Number: _____ Expiration Date: _____

Do you currently hold a National EMS certification? YES NO

If yes, what is your certification level, number, and expiration date?

Level: _____ Cert. Number: _____ Expiration Date: _____

Do you have any pending applications with other Emergency Services Departments? YES NO

If yes, please explain: _____

Department: _____ City: _____ State: _____

Dates Served - From: _____ To: _____ Position: _____

Dept. Contact: _____ Position: _____
Phone #: (_____) _____ - _____ May we contact your dept. contact for a reference? YES NO

Department: _____ City: _____ State: _____
Dates Served - From: _____ To: _____ Position: _____
Dept. Contact: _____ Position: _____
Phone #: (_____) _____ - _____ May we contact your dept. contact for a reference? YES NO

Additional Certifications:

Certification: _____ Date: _____
Certification: _____ Date: _____
Certification: _____ Date: _____

Please attach copies of your EMS certifications (State License, NREMT license, First Aid, CPR etc.)

Medical History

Please list any physical impairments or illness that might limit your service or ability with BRS (e.g., heart conditions, back problems, motion sickness, diabetes etc.):

Please provide vaccination dates for all items listed below:

Hepatitis Vaccines - #1: _____ #2: _____ #3: _____
DTap (tetanus) Vaccine: _____ PPD (TB) Test: _____ Results: YES NO
COVID-19 Vaccine: #1: _____ #2: _____ #3: _____

Military Service

Branch: _____ Dates served - From: _____ To: _____
MOS (Military Occupational Specialty): _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, please explain: _____

Any current military obligations? _____

Disclaimer and Signature

I understand that the position for which I am applying for includes work with individuals or groups who are recognized as vulnerable such as children, the elderly, or mentally disabled. Therefore, a background and/or record check will be conducted prior to employment.

I authorize the investigation of all statements contained in this application and any other attachments as necessary for a membership decision.

I certify that my answers on this form and on any attachments, are true and complete to the best of my knowledge.

I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already accepted by the department may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Bristol Rescue.

Signature: _____ Date: _____

Printed Name: _____

Availability for BRS Duty Time

Please provide your availability to run BRS shifts. Be sure to indicate if the selected shift will occur weekly, biweekly, or monthly.

DAY	Day Shift (0600-1800)	Night Shift (1800-0600)	NOTES
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Additional Notes: _____

Will your employer allow you to leave work early to go on an EMS run? YES NO

Will your employer allow you to be late for work due to an EMS run? YES NO