



Rock Valley Ambulance Association



Application for Membership

Name:

Address:

Telephone - Home: Work: Cell:

Email:

Occupation: Employer:

Birth Date: Soc. Sec. Number:

Highest Level of Education Completed:

Do you possess a valid driver's license to operate a vehicle in Iowa? Yes No

Are you state certified in Iowa as an Emergency Medical Technician? Yes No

Have you completed an Iowa state-approved Emergency Rescue Technician training course and/or First Responder Course? Yes No

Has any jurisdiction suspended, revoked, or limited a license issued to you? Yes No

If yes, include jurisdiction, date, location, reasons, and current status:

If you are not state certified or have not completed the above, you would be required to become certified and/or complete such courses as soon as possible upon becoming a member of the Association. Fees for training and certification may be charged to you under certain circumstances if courses and/or certification are not completed.

Have you ever been convicted of, found guilty of, or entered a plea of no contest to a felony or misdemeanor crime? (other than minor traffic violations with fines under \$100.00) Yes No

If yes, include date, location, charge, court disposition, and current status for each charge:

Is there any reason, condition, and/or concern which the Association should be made aware of which you would anticipate may impact the Associations' decision to accept your application? Yes No

If yes, please explain here:

Shifts run from 6:00 a.m. to 6:00 p.m. and 6:00 p.m. to 6:00 a.m. Members must take 2 to 3 shifts per week. Please state your shift preference:

Will you be able to arrive at the ambulance garage within 3-4 minutes from the initial page? Yes No

List three references. Please give their address and telephone number and state what affiliation you have had with them. Do not list relatives.

1) Name:

Address:

Telephone Number:

Affiliation:

2) Name:

Address:

Telephone Number:

Affiliation:

3) Name:

Address:

Telephone Number:

Affiliation:

I hereby affirm that the information provided on this application is true and correct to the best of my knowledge. I understand that I am required to update my answers or information submitted to the Association should the same change. I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided.

Date: Signature of Applicant:

All applications are subject to squad approval

**Please return application to the following address:
Rock Valley Ambulance Association
P.O. Box 52
Rock Valley, IA 51247**

**Or Email application to :
rvems@cityofrockvalley.com**