

*New Milford Community Ambulance Corp.*

# **Application For Membership**

**Effective  
April 1, 2015**

Corrected 01/20/2018

# *New Milford Community Ambulance Corp.*

## **General Requirements for Membership**

- Applicant must either live or work in the Town of New Milford for a minimum of 3 months prior to application. Residency exceptions *may* be made for students of NMCAC sponsored EMT classes.
- Applicant must be 18 years of age or older. (Persons under 18 and already certified as a Connecticut EMT may apply for Junior Membership).
- Applicants must have a valid Connecticut motor vehicle driver's license prior to the date of application.
- A thorough criminal and motor vehicle background investigation will be conducted for the specific purpose of obtaining pertinent data for the NMCAC to consider in determining suitability for membership. (*see page 5*)
- To ensure that you are physically and mentally fit enough to perform all the duties of an EMS provider a physical examination by our physician and a drug screening will be required after you have been interviewed by our Screening Committee. (*see page 3-4*)
- Applicant must presently have (or obtain within 12 months) CT certification as an EMT or EMR.
- As a member you must be on duty a *minimum* of twenty four (24) hours each month.
- As a member you must attend a minimum of six (6) monthly business meetings.
- As a member you must attend a minimum of five (5) monthly training sessions.

**Read the application carefully, fill it out on blue or black ink, write clearly and sign where appropriate. NOTE that page 3 will be completed by our physician and page 5 must be notarized.**

***Mail* the completed application to the below address.**

# New Milford Community Ambulance Corp.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
**PRINT your full legal name exactly as it appears on your drivers license**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Secondary Phone No.: \_\_\_\_\_

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How long have you lived or worked in New Milford? \_\_\_\_\_

Place of employment: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: No.: \_\_\_\_\_

Length of time employed by current employer? \_\_\_\_ If less than two years, name and address of *previous* employer: \_\_\_\_\_

**Education (highest)**

Name of Educational Institution:	HS Diploma / Degree Received	Major / Specialty	Dates Attended

When would you be available for calls? Days?  Nights?  Weekends?

Do you have any medical limitations? (Y/N) \_\_\_\_ If "yes," please explain: \_\_\_\_\_

Motor vehicle Operators State & license number : \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you had any motor vehicle accidents or convictions over the past 3 years? (Y / N) \_\_\_\_ If "yes," please explain: \_\_\_\_\_

Have you every had your operator's license suspended or revoked? (Y/N) \_\_\_\_ If "yes," when, in what state and for how long? \_\_\_\_\_ Describe the circumstances that resulted in the suspension / revocation: \_\_\_\_\_

**References:**

If you were previously (or are now) a member of a volunteer emergency service (including fire) please provide the name of an officer under whom you have served.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone no.: \_\_\_\_\_

If you are **not** now (or have **never** been) a member of an emergency service please provide the name of a *current* work supervisor whom we may contact.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Phone no.: \_\_\_\_\_

*Please note that references will be checked and that a satisfactory police background check, physical examination by our physician and a successful drug screening are essential to our selection process. (See pages 3 & 4-5).*

***I here authorize the New Milford Community Ambulance Corporation permission to verify the above statements.***

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# New Milford Community Ambulance Corp.

Name: \_\_\_\_\_

## Applicant Questions

*Feel free to add additional pages to tell us about yourself.*

**Question No. 1:** Why do you want to join? (including what you want to get from the experience)

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**Question No. 2:** What do you think you would bring to this organization?

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**Question No. 3:** What does your family think of you exploring joining the NMA?

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**Question No. 4:** What is your understanding of what we require of our members?

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**Question No. 5:** Have you ever taken (or are you taking) an EMT/EMR class? Yes  No

If "yes" when: \_\_\_\_\_ Where? \_\_\_\_\_ Instructor? \_\_\_\_\_

If you're currently in a class when will it finish? \_\_\_\_\_

Did you take the State EMT/EMR examination? Yes  No  Did you pass? Yes  No

Did you take the National Registry EMT examination? Yes  No  Did you pass? Yes  No

If ever certified what is/was your State and/or NR Resistry Number: \_\_\_\_\_  
(enclose a copy of your card)

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# New Milford Community Ambulance Corp.

## Health Examination Form

The intent is to ensure that you can perform the duties of an EMT / EMR safely and successfully.

You will be contacted by a Screening Committee member regarding a drug screening and your physical examination. **Note: the drug screening must be completed at least one week before your physical.**

**Both the drug screening and your examination with our physician will be at our expense.  
See the details on the next page.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
**PRINT your full legal name**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Your privacy is important to us.  
The below is the only record that will be returned to us by our physician**

### Physician's Recommendations

- I understand the duties of an EMT/EMR (as described on page 4).
- understand that functioning as an EMT / EMR will regularly require this individual to be in contact with ill and/or injured persons.
- recommend the applicant **not** participate as an EMT / EMR.
- have performed a complete physical examination and reviewed the drug screening of the above individual and am not aware of any contraindications toward his/her participation as an EMT / EMR.

Physician's signature:		Date:
Physician's name (print):		Phone:
Address:	City:	State & Zip:

# *New Milford Community Ambulance Corp.*

## ***Your Health Examination***

EMTs / EMRs help injured and ill patients, often in emergency situations. Candidates for our organization must go through technical training as well as meet certain physical requirements. Because strength, health and mobility are key, candidates will be evaluated by a physician regarding physical traits as outlined below.

### **Strength**

EMTs / EMRs need physical strength and stamina. They must lift and transport medical patients unable to walk on their own. Most EMT training programs require applicants to be able to lift and carry at least 50 pounds, and to push and pull objects that weigh more than 70 pounds. EMTs / EMRs must also have the stamina and endurance to repeatedly bend, lift and kneel in uncomfortable positions throughout their work shifts.

### **Motor Skills**

EMTs / EMRs need strong motor skills to be able to perform the precise work the job involves. For example, EMTs / EMRs need steady hands to apply bandages to wounds properly. When monitoring patients' vital signs, EMTs / EMRs use equipment with small, precise controls. Much of the work requires making small movements with their fingers and holding their arms and hands steady. They also need good coordination to climb stairs, retrieve equipment and carry patients. The ability to move around and perform tasks in small areas, such as an ambulance is important. Finally, because EMTs / EMRs communicate with patients and doctors, they must be able to speak clearly and quickly.

### **Senses**

EMTs / EMRs can't succeed on the job without good vision and hearing. Employers require good eyesight for driving and for visually monitoring patients, checking pupils and reading medication labels. EMTs / EMRs also need to be able to see and to read and adjust gauges and other controls on medical equipment. Good hearing is crucial to listen for monitor alarms, emergency signals, breathing and heartbeats and radio transmissions. EMTs / EMRs often must listen for those indicators in noisy, chaotic, accident or natural disaster scenes.

### **Health**

EMTs / EMRs must take a physical exam that shows they're in overall good health. A doctor will confirm in writing that a physical evaluation turned up no physical or mental issues to keep a candidate from handling the job.

### **Mental Skills**

Beyond physical capabilities, EMTs / EMRs need strong mental skills. A good memory enables them to remember treatment protocols and how they worked in specific cases. It is also important to be able to focus without interruption for an hour or more, particularly in surroundings with many distractions. Critical thinking skills such as logic, judgment and reasoning are essential as well because EMTs / EMRs must know how to apply proper care procedures to treat various medical problems.

### **Drug Screening**

All applicants conditionally offered membership are required to submit to a drug and alcohol screening before actual performance of duties. **A candidate with a confirmed positive test result for drugs or alcohol will be immediately removed from further membership consideration.**

# *New Milford Community Ambulance Corp.*

## *Authorization for the Release of Personal Information*

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I \_\_\_\_\_  
(**PRINT** Your Full Legal Name)

All other names by which you have been known .....

do hereby authorize New Milford Community Ambulance and its designated agents and representatives to conduct a comprehensive review of my background whether said records are of a public, private or confidential nature. I understand that the scope of this report may include, but is not limited to the following areas: verification of social security number, current and previous residences, character references, drug testing, civil and criminal history records from any law enforcement agency in any or all federal, state, local jurisdictions, driving records, birth records, and any other public records.

**Note: No applicant will be accepted with any drug related conviction, felony conviction, conviction for any Class A or Class B misdemeanor.**

A photocopy of this release will be valid as an original hereof, even though the said copy does not contain an original signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subscribed and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature) Notary Public