



Panora Emergency Medical Services Volunteer Membership Application

Date of Application _____

Name (Last)	(First)	(Middle Initial)	Social Security Number
Home Address (Street)	(City)	(State)	(Zip)
Mailing Address (P.O. Box or Street)	(City)	(State)	(Zip)
Cell Phone #	Home Phone #	Work Phone #	Email Address

Personal Information:

- Are you at least 18 yrs of age? Yes No
- Do you have any driving violations? (if yes explain) Yes No
- Have you ever been convicted of a Felony or Misdemeanor? (if yes explain) Yes No
- Has your Divers License ever been revoked? (if yes explain) Yes No
- Do you have any physical limitations or restrictions? (if yes explain) Yes No

Explanations: _____

Licenses and/or Certifications:

License/Certification (EMT, AEMT, PM, CCP, ACLS, etc)	Issue Date	Issuing State	License/Certification #	Exp. Date

Have you ever volunteered for an EMS department? Yes No

Have you ever been employed by an EMS department? Yes No

Agency or Department	Date of Service	Length of Service	Position Held

Has your License or Certification ever been revoked or suspended?
(if yes explain) Yes No

Have you faced any previous departmental reprimands?
(if yes explain) Yes No

Explanation: _____

If not currently Licensed or Certified are you interested in Schooling? Yes No

What are your interests? Certified Driver EMT AEMT Paramedic CCP
(check all that apply)

Employment Information:

Employer	Address	Occupation

Is your Employer OK with you responding to calls from work? Yes No

High School/Graduate/GED Verification:

Do you have a High School Diploma or GED? Yes No

Graduated From	City/State	Year Graduated

Emergency Contact Information:

Emergency Contact		Phone	
Additional Contact		Phone	
Physician		Phone	
Dentist		Phone	
Hospital Preference		Phone	
Medication Allergies		Blood Type	
Medications			

References:

Please List 3 References.

May we contact your references?

Yes No

Name	Address	Phone	Relationship

Elective Information/History:

How did you hear about us? _____

Are you married? Yes No

Do you have children? Yes No How many? __

What are your normal employment hours? Days _____ Nights _____ Hours _____ Weekends _____

Applications must be presented in person to the EMS department during a regular business meeting. Meetings are held the second Thursday of every month @ 7:30p.m. @ the EMS station, 102 NW 2nd St. Panora, IA 50216. All presented applications will be tabled for 30 days and accepted by member vote at the next business meeting. Please contact a department member in person or @ (641) 755-2885 and advise your intent to present membership application.

I acknowledge that the answers to the above questions/information are complete, true and accurate to the best of my knowledge. I understand that I must be physically able to meet the requirements of membership. I understand I must present my application to the department in person at a business meeting. I understand there will be a 30 day waiting period before my application is accepted or denied. I agree to provide Panora EMS with updates to my personal file as necessary to maintain current records.

Signature

Date

Application presented and accepted:

President Signature

Date of Acceptance