



Essex Ambulance Association Incorporated
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Headquarters: 860-767-1730 fax: 860-767-7677

MEMBERSHIP APPLICATION

Date of Application: _____ Type of Application: Junior Senior

Name: _____

Address: _____

Mailing Address: (if different) _____

Phone: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Has your driver's license ever been suspended? YES NO

Have you ever been convicted of a felony offense? YES NO

Have you ever been convicted of illegal use/sale of drugs? YES NO

Are you currently certified as an EMT or MRT in Connecticut? _____

If yes please supply the following information.

Certification #: _____ Certification: EMT MRT

Expiration date: _____

Have you completed any other EMS Training? YES NO

If yes please describe: _____

Do you understand the duties and risks that are involved in working with our organization? YES NO

Personal References:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

May we contact your references? YES NO

I hereby certify the above information to be true and accurate.

Applicant Signature: _____ Date: _____