

# Memorial Ambulance Of Fort Benton

## Application for Membership

Please Print

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

This application is for:

\_\_\_\_\_ Driver Membership  
\_\_\_\_\_ Crew Membership

Which Area? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

S.S. Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employed By: \_\_\_\_\_

Drivers license # \_\_\_\_\_

Will your occupation or employment restrict you from ambulance call at certain times? N / Y  
If so when? \_\_\_\_\_

Education: (Circle highest grade completed):

Elem 5 6 7 8 H.S. 1 2 3 4 College 1 2 3 4

Level of training: \_\_\_\_\_ HCP CPR \_\_\_\_\_ FR \_\_\_\_\_ FR-Ambu. \_\_\_\_\_ EMT  
NREMT # \_\_\_\_\_ State EMT # \_\_\_\_\_ FR # \_\_\_\_\_

Date of Expiration for the above Certificates \_\_\_\_\_

Emergency Medical Education (list courses you have completed; when and where)

\_\_\_\_\_  
\_\_\_\_\_

Previous Emergency Medical Experience:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor (This includes driving violations) within the last two years? \_\_\_\_ Yes \_\_\_\_ No

If so explain, (What and When):

---

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If so Explain, (What and When):

---

Do you have any medical problems that could limit your effectiveness as an ambulance attendant? \_\_\_\_ Yes \_\_\_\_ No

If so describe them:

---

---

To the best of your knowledge are you presently insurable for health and automobile insurance: \_\_\_\_ Yes \_\_\_\_ No

I HAVE READ THE ASSOCIATION'S POLICY AND STANDARD OPERATION PROCEDURES AND AGREE TO ABIDE BY THE RULES AND CONDUCT SPECIFIED BY THEM.

I HEREBY AFFIRM AND DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ANY FRAUDULENT INFORMATION MAY BE CONSIDERED A SUFFICIENT CAUSE FOR REJECTION OR SUBSEQUENT DISMISSAL.

Signature \_\_\_\_\_

Do Not Write Below This Line

---

Date application received \_\_\_\_\_

Date approved:

Driver Membership \_\_\_\_\_

Crew Membership \_\_\_\_\_

Date Application Disapproved \_\_\_\_\_

COMMENTS: