



H.O.P.S. AMBULANCE ASSOCIATION, INC.

Captain: Mark Fields
Assistant Captain: April Matson

VOLUNTEER APPLICATION

The HOPS EMS team consists entirely of volunteer emergency medical service vehicle operators (EMSVOs), emergency medical responders (EMRs), and emergency medical technicians (EMTs). HOPS encourages all individuals interested in volunteering to apply, including those currently seeking training or certification and those interested in the junior program. Upon successful completion (including passing the cognitive and written exam) of an EMR or EMT course, individuals may be eligible for tuition and testing fee reimbursement. Training individuals may apply for student status pending completion of their certification course. All applicants should attach copies of their criminal history checks, photo ID/driver's license, and copies of any applicable certifications.

Once completed, please contact Captain Mark Fields to arrange an interview and station tour. Upon completion of the interview, the application will be read at the next HOPS business meeting. At the following business meeting the application will be voted on by the ambulance association. The applicant must attend at least one of those two meetings. For applicants under 18, a parent or guardian must attend the interview and meeting as well.

APPLICANT

Legal Name: _____
Last Name First Name Middle Name

Home Address: _____

Phone Number(s): _____

Email: _____

Birth Date: _____ **Age:** _____

Drivers License #: _____ **State:** _____ **Expiration Date:** _____

EMERGENCY CONTACT

Name: _____ **Relationship:** _____

Phone (Home): _____ **Cellphone:** _____

POSITION APPLYING FOR:

_____ Driver (EMSVO) _____ EMR _____ EMT
_____ Administrative/Support _____ Student _____ Junior Member

CURRENT CERTIFICATION

| Certification Type | License Number/Level | Expiration Date |
|--------------------|----------------------|-----------------|
| EMSVO | | |
| EMR / EMT | | |
| BLS CPR | | |
| HazMat | | |

Are you willing to take further training when available? _____



H.O.P.S. AMBULANCE ASSOCIATION, INC.

Captain: Mark Fields
Assistant Captain: April Matson

Do any restrictions limit your ability to perform the duties of the position you applied for? _____

If yes, please explain: _____

| EDUCATION | | | |
|-------------|--------|-----------------|-------|
| Level | School | Graduation Date | Major |
| High School | | | |
| College | | | |
| Other | | | |

EMPLOYMENT

Company Name: _____

Address: _____

Supervisor: _____ Phone Number: _____

Job Title: _____ Dates Employed: _____

Job Duties: _____

| FIELD EXPERIENCE | | | | |
|------------------|-------|----------|------------------|--------------|
| Service Name | Dates | Position | Supervisor/Chief | Phone Number |
| | | | | |
| | | | | |
| | | | | |

Have you been suspended or expelled from any organization? _____

If yes, please explain: _____

Have you been convicted of or pleaded guilty to a felony by a civil or military authority? _____

If yes, please explain: _____

Have you been convicted of or pleaded guilty to a misdemeanor or summary offense (including traffic violations) in the last five years? _____

If yes, please explain: _____

Do you use controlled drugs (non-OTC drugs) not prescribed by a physician? _____

Please list any special skills:



H.O.P.S. AMBULANCE ASSOCIATION, INC.

Captain: Mark Fields
Assistant Captain: April Matson

Please indicate the days and times when you anticipate being the most available for emergency calls:

REFERENCES

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____
- 3. Name: _____ Phone: _____

VERIFICATION

I VOLUNTARILY GIVE H.O.P.S. AMBULANCE ASSOCIATION THE RIGHT TO MAKE A THOROUGH INVESTIGATION OF ALL DATA SUPPLIED ON THIS APPLICATION AND IN CONNECTION THEREWITH, AUTHORIZE ANY PERSON, ASSOCIATION, PARTNERSHIP, OR CORPORATION TO SUPPLY ALL INFORMATION AND/OR DOCUMENTS PERTAINING TO THE DATA SUPPLIED IN THIS APPLICATION. I AGREE TO COMPLY WITH ALL H.O.P.S. AMBULANCE ASSOCIATION SAFETY AND HEALTH STANDARDS AND REQUIREMENTS. I AGREE TO COMPLY WITH ALL H.O.P.S. AMBULANCE ASSOCIATION BY-LAWS AND ALL REGULATIONS AND OPERATING PROCEDURES.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL. I AUTHORIZE THE H.O.P.S. AMBULANCE ASSOCIATION TO PERFORM BACKGROUND CHECKS TO VERIFY CRIMINAL, CHILD ABUSE AND DRIVING HISTORY.

Applicant Signature Date

PARENTAL CONSENT FORM

I, _____, as the parent/guardian of the above applicant, hereby give my permission for _____ to become an active member of H.O.P.S. Ambulance Association, Inc.

Parent/Guardian Signature Date

Parent/Guardian Name (Printed) Phone Number

H.O.P.S. AMBULANCE ASSOCIATION INC. IS DEDICATED TO A POLICY OF NON-DISCRIMINATION IN MEMBERSHIP ON ANY BASIS, INCLUDING AGE, SEX, COLOR, RACE, CREED, NATIONAL ORIGIN, RELIGIOUS PERSUASION, MARITAL STATUS, POLITICAL BELIEF, OR DISABILITY THAT DOES NOT PROHIBIT PERFORMANCE OF ESSENTIAL JOB FUNCTIONS.



H.O.P.S. AMBULANCE ASSOCIATION, INC.

Captain: Mark Fields
Assistant Captain: April Matson

FOR OFFICE USE ONLY

Background Check _____

Child Abuse Clearance _____

Working Papers _____

Interview _____

First Reading _____

2nd Reading/ Vote _____

Assigned Number _____

Notes
