

Northern Valley Emergency Medical Services, Inc.

Application for Active Volunteer Membership

Northern Valley Emergency Medical Services, Inc. (NOVA) provides equal employment opportunities to all volunteers and applicants for volunteer membership without regard to race, color, sex, pregnancy, political affiliation, religion, ethnicity, national origin (including ancestry), citizenship status, disability, age, marital status, sexual orientation, gender identity, veteran or military status, results of genetic testing, use of Family and Medical Leave or any other protected category under applicable local, state or federal law.

NOVA is an EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT OR TYPE)

PERSONAL INFORMATION:

Last Name	First Name	Middle initial	Social Security #
Street Address			Apartment #
City	State	Zip Code	Date of Birth
Phone	Home or Cell?		Cell carrier

EMS QUALIFICATIONS – CERTIFICATIONS:

Certification	Date certified	exp date	Certification #
EMT			
Paramedic or PHRN			
CPR			
EVOC			
ACLS			
PALS			
NIMS 100			
NIMC 700			

EMS QUALIFICATIONS – IMMUNIZATIONS:

Immunization	Date Immunized	Immunization Other	Date Immunized
Hepatitis Vaccine			
Tuberculosis			

EMS QUALIFICATIONS – DRIVING

Do you currently have a valid driver's license?	State	EXP Date	Class	Yes	No
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Have you been convicted of a DUI in the past 4 years or any other moving violation in the past 2 years					
Have you ever been convicted of any other crimes? Please explain					

EDUCATION & MILITARY SERVICE (OPTIONAL):

LEVEL	SCHOOL & CITY	COURSE OF STUDY	WHEN	DEGREE
High School				
Collage				
Graduate				
Other (Specify)				
Military Service	Branch	Type of Discharge	Years	

PROFESSIONAL AND PERSONAL REFERENCES:

PROFESSIONAL - NAME	PHONE NUMBER	BUSINESS
PERSONAL - NAME	PHONE NUMBER	YEARS KNOWN

AVAILABILITY:

Times available to work	Weekdays	Weekends
(Circle)	Daytime	Night time
Best time to reach you?	At home	At work

APPLICATION CERTIFICATION:

I certify that I am capable of performing, with or without accommodation, the activities of a volunteer position for which I have applied. I certify that answers given herein are true and complete, and I understand that I may be dismissed from membership if having given false or misleading information.

Signature of Applicant:	Date:
If UNDER 18: Consent to Join (Parent or Guardian signature)	Parent or Guardian Printed Name



INTERVIEW RECORD:

APPLICANT NAME:	APPLICATION RECEIVED BY DATE
APPLICANT INTERVIEWED BY:	DATE:
Interview remarks:	NEATNESS: CHARACTER: PERSONALITY: ABILITY
APPLICATION PRESENTED TO BOARD DATE:	BOARD DISPOSITION: Approved Rejected