

# Greenville Volunteer Emergency Medical Responder Application for Membership

Thank you for your interest in becoming a volunteer Emergency Medical Responder for the Town of Greenville. Please clearly print the requested information and return completed application to the Greenville Town Hall. Only fully completed and signed applications will be considered.

Protection and dissemination of personal information entered on this form shall be limited to the intended purpose of this form in accordance with the Greenville Emergency Medical Responder's policies of protection or data privacy in employment/volunteer records. This application will remain active for the current recruitment period only. A new application will be required each recruitment period in order to be considered for future volunteer Emergency Medical Responder openings.

No prior emergency medical experience is required. All required training and equipment will be provided.

## Personal Information

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Are you at least 18 years of age?  Yes  No

In order to comply with Federal Laws, can you provide documentation to verify your identity and legal authority to work in the United States?  Yes  No

Have you ever been convicted of a felony or misdemeanor (including traffic violations)? If yes, please explain the circumstances including the date of conviction, the crime(s), and rehabilitation efforts. (Note: A conviction will not necessarily result in disqualification.)  Yes  No

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

Date you will be available for membership? \_\_\_\_\_

**Employment**

Start with most recent and include Volunteer and Military experience.

Current Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Dates of Employment (mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_

Primary Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Dates of Employment (mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_

Primary Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Dates of Employment (mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_

Primary Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education**

**High School**

School or Institution: \_\_\_\_\_ Location: \_\_\_\_\_

High School Diploma or GED     Yes     No

**Advanced Education – College, University, or Vocation/Technical School**

Name of Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended (mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_ Did you graduate:     Yes     No

Degree/Certificate Granted: \_\_\_\_\_ Credits: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended (mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_ Did you graduate:     Yes     No

Degree/Certificate Granted: \_\_\_\_\_ Credits: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended (mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_ Did you graduate:     Yes     No

Degree/Certificate Granted: \_\_\_\_\_ Credits: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

List other courses, training, or skills you feel are useful in evaluating your qualifications for the Emergency Medical Responder position. (Include licenses held)

\_\_\_\_\_

\_\_\_\_\_

**References**

Work or Education related

1. Name: \_\_\_\_\_

Address (including C/S/Z): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address (including C/S/Z): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address (including C/S/Z): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address (including C/S/Z): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

5. Name: \_\_\_\_\_

Address (including C/S/Z): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

Authorization and Acknowledgement

I hereby apply for membership in the Greenville Emergency Medical Responder Department (hereinafter known as Department) and, if accepted for membership, I will comply with the constitution, bylaws, rules, standard operating guidelines, and the conduct expected of the Department members.

I authorize an inquiry to be made on the information contained in this application if I am considered for membership. I understand that an investigation of these statements may be made, including but not limited to, a criminal background check and a Bureau of Motor Vehicles records check.

Former employers and education institutions named herein are authorized to give information about me. I hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information. I also authorize the Department of Motor Vehicles of Wisconsin, or any other state driver's license authority, law enforcement agency, or any emergency services agency I was a member of, to release any and all information concerning me to the Officers of the Department and their agent(s).

I understand and acknowledge that if any misrepresentation or omission of material facts have been made by me or the result of an investigation are not satisfactory for any reason, any consideration, offer, or actual membership by the Department may be terminated immediately without obligation or liability to me other than payment for services actually rendered, if I had been a member.

I understand that nothing contained in this application or in the granting of an interview, and no Department policies, procedures, or other handbooks that I might receive, are intended to create a contract between the Department and myself for either membership or the providing of any benefit. No promises regarding membership have been made to me, and I understand that no such promise or guarantee is binding upon the Department unless made in writing. If a membership relationship is established, I understand that I have the right to terminate my membership at any time and that the Department retains a similar right.

I agree to the statements of the authorization above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_