

**Mores Creek Ambulance**

**Application for Membership:**     EMT     Driver     Non-call \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**National EMT certification #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Idaho EMT certification #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**CPR Type** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Other EMS units with which you have served; dates of service & duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Please provide two references (work/supervisory positions) including current phone contact: (One must be associated with previous EMS affiliation, if applicable.)**

\_\_\_\_\_  
\_\_\_\_\_  
**What can Mores Creek Ambulance do for you?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**What can you bring to Mores Creek Ambulance ?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Is there anything about your physical or mental health, or other conditions, that could affect your active participation? Are you presently taking any long-term medication?**

\_\_\_\_\_  
\_\_\_\_\_  
**I hereby apply to volunteer with Mores Creek Ambulance. I agree to abide by its Bylaws, SOPs, and Idaho EMS protocols. I authorize the Boise County Sheriff to conduct a background and driver's check.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please attach photocopies of all certifications (front and back), plus driver's license.**

**Send to: Mores Creek Ambulance, 54 Burnett Dr., Boise, Idaho 83716**