

**Bristol Rescue Squad**  
**P. O. Box. 227**  
**Bristol, Vermont 05443**  
**802-453-2513**

**Membership Application Form**

Name:	D.O.B.:
Address:	Home phone:
	Work phone:
email:	Cell phone:

Driver's License # & State(s):

Any Traffic Violations in the past 3 years?    No    Yes

If yes, please specify:

Have you ever been convicted of any misdemeanor or felony charge?    No    Yes

If yes, please specify:

**Education:**

Highest grade completed:

School name:

**EMS Training:**

	Certification Date	Expiration Date	State EMS License issued in	EMS License Number	Instructor/Co-ordinator
CPR					
FRECA					
EMT-B					

EMT-I					
Other					

**Membership with Other Services:**

Service Name	
Dates Member	
Service Name	
Dates Member	

**Availability of time for duty? (Give us a rough idea of when you might be available)**

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM 6AM - 6PM							
PM 6PM-6AM							

**Employment:**

Employer:

Supervisor:

Address:

Phone Number:

Number of Years Employed there:

Is your employer willing to let you out of work for calls, or are they aware that you might occasionally be late for work due to a call?                      No                      Yes

**References:**

Name:
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Address:
Home Phone:
Work Phone:

Name:
Address:
Home Phone:
Work Phone:

Name:
Address:
Home Phone:
Work Phone:

Name:
Address:
Home Phone:
Work Phone:

I certify that I have answered all questions truthfully, to the best of my ability. I understand that failure to do so may result in my dismissal from the squad. All information is subject to review by the training and membership committees as well as the Officers of the Bristol Rescue Squad, Inc., and will be kept in strict confidence. In addition, I agree to let my employer, supervisor or other persons that know me answer questions about me that would pertain to my service, skills and potential membership on Bristol Rescue Squad, Inc.

If you need more room, please use the reverse or attach another piece of paper.  
Thank you for your interest in the Bristol Rescue Squad.

Signature:

Date:

### **Medical History:**

This form needs to be completed by your regular physician, please submit to your doctor only after completing your course work.

Please specify any physical impairment or illness that might limit your service on the rescue squad: (eg.; heart condition, diabetes, epilepsy, back problems, motion sickness, alcoholism, drug addiction, mental illness, emotional problems, or others).

Are you currently taking drugs or medications?            No            Yes  
If yes, please list name and condition taken for:

**Physician's Statement:**

\_\_\_\_\_ is/is not physically able to perform duties required of  
rescue personnel (for example lifting, moving, stretching, ect.)

Restrictions (if any):

Please list dates of vaccines given below:

Hepatitis B	#1	#2	#3
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Last tetanus (within 10 years):

Mantoux (PPD) Results:

Physician's Name:

Physician's signature:

Phone and address: