

**MRVAS PERSONNEL APPLICATION**

**PO Box 305, Waitsfield, Vermont 05673**

NAME: \_\_\_\_\_ Name & Tel. of Emergency Contact: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

\_\_\_\_\_ D.O.B.: \_\_\_\_\_

HOME TEL. \_\_\_\_\_ WORK TEL. \_\_\_\_\_ EMAIL: \_\_\_\_\_

Name, address & contact information of two character references (employer, clergyman, etc.)

Check your area of interest in Mad River Valley Ambulance Service:

Medical Team     Rescue Team     Dispatcher     Auxiliary Member  
 Driver = License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Jr. Ambulance     Undecided

**Requirements:** To become a driver, medical team member or dispatcher for MRVAS requires a commitment of five 12-hour shifts per month (one shift being a weekend day or night) and one evening training session per month, and a full time year round resident of the Mad River Valley and a commitment of at least one year of service. Drivers must be between 25 and 65 years of age and have a good driving record. Medical team members are required to cover tuition cost of initial EMS training and upon successful completion of the certification will be reimbursed the amount required by Vermont District 6 Emergency Medical Services at the time of their course fee was paid.

**DRIVING AND CRIMINAL RECORD**

- 1. Have you been involved, either as an operator or an owner, in ANY motor vehicle accident during the past three years? If yes, give date and brief description.
- 2. Have you been convicted or forfeited bail, at ANY time during the past three years for a moving traffic violation?
- 3. Have you ever had your license suspended or your driving privilege revoked? If yes, explain.
- 4. Have you ever been convicted of anything other than a traffic violation in the past five years?

**HEALTH RECORD**

- 1. Within the past five years have you had any physical or mental disorder (i.e. diabetes, heart disorder, epilepsy, etc.)?
- 2. Have you ever been treated for drug or alcohol dependency?
- 3. Do you regularly use barbiturates, narcotics or other drugs, except as prescribed by a physician?
- 4. Will any prescription medication alter or impair your ability to perform your required duties?
- 5. Have you had any other illness or injury not previously mentioned above?
- 6. Date of your last physical examination? \_\_\_\_\_

**PREVIOUS EMERGENCY MEDICAL EXPERIENCE**

Current CPR for Health Care Providers     OEC/National Ski Patrol     FR/ECA     EMT-B     EMT-I

OTHER: \_\_\_\_\_

I have read the statements and the answers to the above-reference questions and hereby attest that they are complete and true to the best of my knowledge. I know of no reason, physically or mentally, that would prevent me from performing the required duties as a member of the Mad River Valley Ambulance Service.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

MRVAS SPONSOR: \_\_\_\_\_