

## LMVAS APPLICATION

All fields must be completed before the application can be accepted. Once your application has been received, you will be contacted to schedule an interview.

Date of application: \_\_\_\_\_

Information provided to be verified by LMVAS.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

College Students Home address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Highest Level of Education: \_\_\_ High School \_\_\_ College (degree \_\_\_\_\_) \_\_\_ Other

Referred to LMVAS by (if applicable): \_\_\_\_\_

Do you have a driver's License? Yes No

D/L#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked for ANY reason? \_\_ Yes \_\_ No

If Yes, please explain and tell us when: \_\_\_\_\_

Have you ever been convicted of a crime? (Including misdemeanors) \_\_ Yes \_\_ No

If Yes, please explain and tell us when: \_\_\_\_\_

Have you been engaged in the illegal or improper use of drugs or other chemical substances?

\_\_ Yes \_\_ No

If Yes, please explain and tell us when: \_\_\_\_\_

Do you hold a certification in Emergency Medicine? ñ?

Are you currently certified in any of the following: First Aid, CPR, ACLS, PALS, BLS Instructor, PHTLS, AMLS, Other?

Other: \_\_\_\_\_

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**If you are certified or licensed: have you had any state or other jurisdiction of the U. S. or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke or otherwise discipline a license issued to you?  Yes  No**

**If Yes, please tell us when:** \_\_\_\_\_

**Have you ever applied to, and/or been a member to another ambulance service, fire, police department (volunteer or paid) including LMVAS?  Yes  No**

**If yes, please complete the following:**

Organization	Dates of Service	Position(s) Held	Reason for Leaving

**(If affiliated with more than three organizations, please attach on a separate sheet of paper)**

**AVAILABILITY (Please check below for when you will be available):**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
All Day (600-1800)							
All Night (1800-600)							
Morning (600-1200)							
Afternoon (1200-1800)							
Evening (1800-0000)							
Night (0000-600)							

**Briefly explain why you want to volunteer with LMVAS:** \_\_\_\_\_

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### References:

Please provide information of 3 people with knowledge of your professional ability for which you are applying

1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Ph: \_\_\_\_\_

How Acquainted: \_\_\_\_\_

2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Ph: \_\_\_\_\_

How Acquainted: \_\_\_\_\_

3) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Ph: \_\_\_\_\_

How Acquainted: \_\_\_\_\_

**If Acceptance is granted under this application, I do understand and agree to comply with all the rules and regulations, which includes but is not limited to the By-Lays and Protocols of LMVAS. In addition, I give LMVAS permission to perform a background investigation on me.**

**The information provided on this application has been provided by me and are true to the best of my knowledge. It is understood that any false information or statements on this application is sufficient cause for rejection of this application and/or dismissal from LMVAS.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**\*Typing your full name above will act as a signature for the purpose of signing this document.**