



THURMONT COMMUNITY AMBULANCE SERVICE, INC.
27 NORTH CHURCH STREET
THURMONT, MD 21788
PH. (301) 271-7550 FAX (301) 271-0167

Check one: Active Membership Associate Membership

APPLICANT INFORMATION

NAME:		CURRENT AGE:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
BIRTH DATE:	SSN:	PHONE:	
E-MAIL ADDRESS:			

DRIVERS LICENSE NUMBER:	CLASS:	STATE OF ISSUE:	EXPIRATION DATE:
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Have you ever been arrested and/or convicted or received probation before judgment for any misdemeanor, felony or motor vehicle violation, other than parking tickets? YES NO If yes, please explain on the back side of this form.

Do you currently have any active motor vehicle "points" on your driving record? YES NO If yes, how many? _____

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES NO

Are you willing to take a physical examination? YES NO

Are you willing to undergo an alcohol and/or drug test? YES NO

May we conduct an official background check on you? YES NO

IN CASE OF EMERGENCY NOTIFY

NAME:		
ADDRESS:	PHONE (HOME):	PHONE (WORK):
EMPLOYER:	RELATIONSHIP TO YOU:	

MEMBERSHIP/TRAINING INFORMATION

Have you ever applied for membership at Thurmont Ambulance? ____YES ____NO If so, when and why did you leave?

Have you been, or are you now, a member of another ambulance service or fire department? ____YES ____NO
If so, please list dates of membership and reason for leaving with the name and address of the chief officer.

Have you ever been suspended, rejected or denied membership from any other ambulance service or fire department? ____YES ____NO If so, please explain.

Do you or have you ever held a certification for any special training relating to emergency care, fire or rescue?
____YES ____NO If so, please include with this application a copy of any certification cards or training certificates that you may hold.

**THURMONT COMMUNITY AMBULANCE SERVICE, INC.
MEMBERSHIP AGREEMENT**

Directions: Read and review the material contained herein, then sign at the indicated section. This document will be kept on file.

I, an applicant of Thurmont Community Ambulance Service, Inc. do agree to abide by all rules and regulations and Organizational By-Laws as set forth.

I hereby certify and affirm that all information contained herein is true and accurate to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for dismissal or refusal into the organization. If any information on this application is found to be false once I am accepted for membership, this will be cause for immediate termination. All items deemed the property of Thurmont Community Ambulance Service, Inc. shall be promptly returned to a company officer or I may face prosecution.

I hereby grant permission to the Thurmont Community Ambulance Service, Inc. and/or its duly appointed representatives to conduct a thorough check of my background, including contacting my past and current employers, personal references, and a criminal background check. I hereby grant permission for the release of any information pertaining to the above investigation to the proper representatives of the Thurmont Community Ambulance Service, Inc. and release all parties from any liability for disclosure of personal information.

Furthermore, I understand that I must abide by the instructions and/or orders of any company officer and shall do so at all times.

I shall, at all times, endeavor to the best of my ability, to serve, protect and better the organization of Thurmont Community Ambulance Service, Inc.

**AMBULANCE COMPANY
SPONSOR**

**ACTIVE OR ASSOCIATE VOLUNTEER APPLICANT
SIGN HERE**

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

(If applicant is a minor)

Parent's Printed Name: _____

Parent's Signature: _____