



**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:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
BIRTH DATE:	SSN: (Last 5 digits only)	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:	

## MEDICAL INFORMATION

FAMILY PHYSICIAN:

PHONE:

ANY OTHER PHYSICIAN OR SPECIALIST AND PHONE:

LIST ANY PHYSICAL IMPAIRMENT WHICH COULD AFFECT YOUR PERFORMANCE:

Are you currently under a doctor's care?  YES  NO If so, please explain.

Have you ever been refused employment or discharged from the Armed Forces due to a medical condition?  
 YES  NO If so, please explain.

Have you ever been under the treatment or care of a psychiatrist or psychologist? (Please circle)	YES	NO
Have you ever received treatment for or have you ever been hospitalized for any emotional problems? (Please circle)	YES	NO
Have you ever received treatment for or have you ever been hospitalized for any drug or alcohol problems? (Please circle)	YES	NO
Have you ever applied for or received benefits or pension because of an accident, extended illness or disability? (Please circle)	YES	NO
Do you have any reason to believe that you are not in good health at this time? (Please circle)	YES	NO
Are you taking any drugs or medication at this time? (Please circle)	YES	NO
Do you have any lifting restrictions? (Please circle)	YES	NO

## 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.

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

I also understand that any materials, patches, badges, identifications of any kind, will not be worn or displayed after termination of membership with this organization. Also, all items deemed the property of Thurmont Community Ambulance Service, Inc. shall be promptly returned to a company officer or I may face prosecution.

By signing this agreement, I hereby authorize all physicians, hospitals, counselors, other health care providers, employers, and former employers to provide to the authorized representatives of the Thurmont Community Ambulance Service, Inc. any and all information about me which is being sought by Thurmont Community Ambulance Service, Inc.

In addition, a background check may be conducted on me by an authorized agency.

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.

I understand that misrepresentation or omission of facts is cause for dismissal or refusal into the organization.

**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: \_\_\_\_\_

***THURMONT COMMUNITY AMBULANCE SERVICE, INC. PROUDLY STATES THAT WE WILL NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE, COLOR, CREED, RELIGION, SEX, AGE, SEXUAL ORIENTATION, MARITAL STATUS, NATIONAL ORIGIN OR PHYSICAL OR MENTAL DISABILITY IN ACCORDANCE WITH THE CIVIL RIGHTS ACT OF 1964.***