

Mores Creek Ambulance

Application for Membership: ☐ EMT ☐ Driver ☐ Non-call

Name: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Driver's License # _____ **State:** _____ **DOB:** _____

National EMT certification # _____ **Expiration Date:** _____

Idaho EMT certification # _____ **Expiration Date:** _____

CPR Type _____ **Expiration Date:** _____

Other EMS units with which you have served; dates of service & duties: _____

Please provide two references (work/supervisory positions) including current phone contact: (One must be associated with previous EMS affiliation, if applicable.)

What can Mores Creek Ambulance do for you? _____

What can you bring to Mores Creek Ambulance? _____

Is there anything about your physical or mental health, or other conditions, that could affect your active participation? Are you presently taking any long-term medication?

I hereby apply to volunteer with Mores Creek Ambulance. I agree to abide by its Bylaws, SOPs, and Idaho EMS protocols. I authorize the Boise County Sheriff to conduct a background and driver's check.

Signed: _____ **Date:** _____

***Please attach photocopies of all certifications (front and back), plus driver's license.**

Send to: Mores Creek Ambulance, 7 Wilderness Way, Boise, Idaho 83716