

KB Ambulance Corps, Inc.  
294 Westcott Road  
P.O. Box 209  
Danielson, CT 06239

## APPLICATION FOR VOLUNTEERS

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Position applied for:

Date of Application:

How did you learn about KB Ambulance Corps, Inc.?

Advertisement

Friend

Walk-In

Employment agency

Relative

Other \_\_\_\_\_

Last Name

First Name

Middle Name

Mailing Address

City

State

Zip Code

Telephone Number	Cell Ph/Beeper Number	Driver's License Number	Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with KB Ambulance Corps, Inc. before?

Yes

No

If yes, give date: \_\_\_\_\_

Have you ever been a volunteer or been employed By KB Ambulance Corps, Inc. before?

Yes

No

If yes, give date: \_\_\_\_\_

**KB Ambulance Corps, Inc. is an equal opportunity employer**

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Have you been convicted of a felony within the last 7 years?       Yes       No  
*Conviction will not necessarily disqualify an applicant*

If yes, please explain:

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Do you currently hold Connecticut or National Registry certification as an EMT, MRT or First Responder?       Yes       No

If yes, please provide level of certification, certification number and expiration date:

Certification level: \_\_\_\_\_ Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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Do you hold certification or certificates of participation in the following categories?

- |   |   |
|---|---|
| <input type="checkbox"/> Bloodborne Pathogens   | <input type="checkbox"/> Haz-Mat Awareness  |
| <input type="checkbox"/> Tuberculosis Awareness | <input type="checkbox"/> Haz-Mat Operations |
| <input type="checkbox"/> CPR                    | <input type="checkbox"/> First-Aid          |
| <input type="checkbox"/> MAST                   | <input type="checkbox"/> Defibrillation     |
| <input type="checkbox"/> Epi-Pen Auto Injector  |   |

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

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**REFERENCES:**

Please provide names, addresses and phone numbers of three references that are Not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**APPLICANT'S STATEMENT/ACKNOWLEDGEMENT:**

By signing this document, I certify and acknowledge:

All answers given on this application are true and complete to the best of my ability and knowledge.

I authorize the investigation of all statements and information contained in this application.

I may be exposed to inherent dangers with the risk of injury, stress and exposure to bloodborne and airborne pathogens and diseases. I may also be exposed to potentially volatile conditions while providing care to the sick and injured.

I understand this application will be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of a position as a volunteer for KB Ambulance Corps, Inc., I understand that any false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide and adhere to all rules and regulations of KB Ambulance Corps, Inc.

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Signature of applicant

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Date

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**Parental/Guardian Consent:**

**Must be completed if the applicant is under the age of 18.**

I authorize \_\_\_\_\_ to become a volunteer for KB Ambulance Corps, Inc. I understand he/she may be exposed to inherent dangers with the risk of injury, stress, exposure of bloodborne and airborne pathogens and diseases, and to moderately disagreeable conditions while providing medical treatment to the sick and injured. I also understand he/she will be required to obtain vaccinations and testing for Hepatitis B and Tuberculosis unless a refusal form is signed by the parent or guardian.

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Signature & Relationship to applicant

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Date