



Villanova Emergency Medical Service

Health Center: Villanova University: Villanova, PA 19085
Phone: (610) 519.6808: Fax: (610) 519.6204

Application for Membership

PERSONAL INFORMATION

Name: _____ Social Security #: ____ - ____ - ____
Last First MI

Home Address: _____ Home Phone: (____) ____ - ____
Number & Street Name

City, State, Zip Code

School Address: _____ Dorm Phone: (____) ____ - ____
VU Box Number

Room Number & Dorm

Cell Phone: (____) - ____ - ____ Birthday: ____ . ____ . ____

E-Mail Address: _____

DRIVERS LICENSE INFORMATION

License Number

State

Class

Restrictions

____ . ____ . ____
Issued

____ . ____ . ____
Expires

CERTIFICATIONS

Check all that apply:

CPR Expiration Date: ____ . ____ . ____

First Responder Expiration Date: ____ . ____ . ____

Emergency Responder Expiration Date: ____ . ____ . ____

Advanced First Aid Expiration Date: ____ . ____ . ____

EMT-B Expiration Date: ____ . ____ . ____ EMT #: _____

EVOC (Please Attach Certificate)

Other Please Specify: _____

EMPLOYMENT

If you have ever been employed in a medical type environment or volunteer organization please specify below:

Name and Place of Employment

Name of Employer/ Immediate Supervisor

(____) ____ - ____
Phone Number

EXPERIENCE

Do you have any previous ambulance or rescue service experience? Y N

Name of Ambulance/Fire Company & Location

Position and/or Rank Held

_____._____._____
Date Started

_____._____._____
Date Left

Reason For Leaving:_____

Officer In Charge

(____)____-____
Phone Number

PERSONAL BACKGROUND

Have you ever been convicted in the last four years of Driving under the Influence of alcohol or drugs, and within the last two years, been convicted of reckless driving or had a drivers license suspended under the points system? Y N

Have you ever been arrested or convicted for a misdemeanor or felony? Y N

Are you Addicted to alcohol or drugs, have any physical or mental defect that may impair you ability to administer patient care, drive an ambulance, or prevent you from performing the normal and required duties for membership? Y N

If yes to either of the above questions, please provide and explanation on a separate piece of paper.

CERTIFICATION

I certify that this information given on this application is true and correct to the best of my knowledge, and that false statements on this application may be sufficient grounds for dismissal. I also knowing and willingly permit the Villanova Emergency Medical Service's Executive Board to investigate any and all of the information that I have submitted.

Signed:_____
Applicant

_____._____._____
Date