



410 North Main

Sioux Center, IA 51250

1-712-722-2453

www.siouxcenterems.org

EMT/Volunteer Application

Name: _____

Today's Date: _____

Address: _____

City: _____ State: _____

Home Phone: _____

Zip: _____

Cell Phone: _____

Current Employer: _____

Date of Birth: _____

Occupation: _____

Social Security Number: _____

Driver's License Number: _____

	YES	NO
Do you have a High School Diploma or GED?		
Have you ever been convicted of a felony?		
Do you possess a valid driver's license?		
EMT classes start the beginning of September. Class is on Monday night from 7-10 PM. During the months of January - April, classes are Monday and Thursday nights. Clinical training involves at least 24 hour of Emergency Dept. of a major hospital (i.e. Mercy in Sioux City, or Sanford in Sioux Falls) and riding with our ambulance. Would you be available for these required hours?		
We ask that you serve on our squad for at least 2 years after training is complete. If you are unable to do so, would you be willing to reimburse the squad a prorated portion of the tuition fees?		
Our shifts run from 6AM - noon, noon - 6PM, 6PM - midnight, midnight - 6 AM. You will be asked to take 2-3 shifts per week. Would you be able to do so?		
Are you able to lift 50-75-lbs?		
Would you be able to take your share of weekend AND holiday shifts throughout the year?		
Will you be able to leave at a moment's notice?		
Will you be able to arrive at the ambulance garage (North of the Fire Station) within 3-4 minutes from receiving a page?		
Is there any time during the year which you would not be available for call, and why?		

List any previous medical experience or medical courses you have taken.

Why would you like to become an EMT?

What qualities do you possess that you feel would help being an EMT?

References: Please list 3 references that do not include family members.

Name	Relationship	Phone Number
1.		
2.		
3.		

APPLICATION CONSENT RELEASE:

I hereby certify that the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may result in dismissal. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make any investigation of my personal history academic/professional credentials, military service records, criminal, driving, financial and credit record through any investigative or credit bureaus of your choice.

☐ I agree to the above.

Applicants Signature: _____ Date: _____

How would you like us to communicate with you? ☐ Email ☐ Phone