



SHELburne RESCUE

Shelburnerescue05482@gmail.com ♦ (802) 985 – 5125

PO Box 254 Shelburne, VT 05482

Membership Application

Applicant Information

Full Name: _____ Today's Date: _____
Last First

DOB: _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Education

High School: _____ State/City: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

EMS Experience & Current Medical Certifications

Please attach a copy of your driver's license and any current certifications

Department: _____ State/City: _____

Position(s): _____ Dates: _____

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Position(s): _____ Dates: _____

Certifications: _____

Schedule and Interests

Driver's License (state and number): _____

Have you ever been convicted of a crime? **Yes:** _____ **No:** _____

Have you ever had any legal action taken against any professional license or certification? If yes, explain.

Why are you interested in joining rescue?

What position(s) are you interested in?

Driving the ambulance (must be 21 or older) _____

Working as an EMT in the back of the ambulance? _____

What shifts are you willing to run?

(Day shift: 6:45am – 6:45pm, Night shift: 6:45pm – 6:45am)

	06:45 – 18:45	18:45 – 06:45	06:45 – 06:45 (24 hour shift)
MONDAY			
TUESDAY			
WENDESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Employment History

Company: _____ Phone: _____

Position: _____ Dates: _____

Company: _____ Phone: _____

Position: _____ Dates: _____

Company: _____ Phone: _____

Position: _____ Dates: _____

References

Please list 3 professional or academic references. Friends, family members, family friends, neighbors, and roommates are not acceptable

Name: _____ Relationship: _____

Best time to reach: _____ Phone: _____

Name: _____ Relationship: _____

Best time to reach: _____ Phone: _____

Name: _____ Relationship: _____

Best time to reach: _____ Phone: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Consent to Release Information & Signature

I attest that the information I listed on this application is correct and factual and that any intentional misrepresentation may lead to denial in membership. As part of the Shelburne Rescue application process, I understand that Shelburne Rescue will conduct a background and reference check which includes checking my criminal history and driving records.

I hereby allow Shelburne Rescue to conduct a background check as part of the application process.

Signature: _____ Date: _____

Please return completed application to John Kelly at jck05482@gmail.com or mail to our mailing address listed at the top of the application