

Eureka Volunteer Ambulance Service

Application for Affiliation

Date _____

General Information

1. Name _____ Date of Birth _____
2. Mailing Address _____
3. Physical Address _____
4. Home Phone (____) _____ Cell Phone (____) _____
5. How long have you lived in our area? _____
6. Did you grow up in our area? ____ yes ____ no If not, where? _____
7. Are you a year around resident of our area? ____ yes ____ no
If not, explain: _____
8. Do you have family living in our area? ____ yes ____ no

School & Work Background

9. Current Occupation _____ Current Employer _____
10. Previous Occupation _____ Previous Employer _____
11. Where did you attend high school? _____
12. Education beyond high school? ____ yes ____ no If yes, list: _____
13. Previous medical related training, if any?

14. Previous volunteer or EMS type experience? _____
15. Do you currently hold any EMS or CPR credentials? ____ yes ____ no
If yes, please list: _____

Availability & Affordability

16. How soon would you be available to start training? _____
17. By what date would you hope to have completed training? _____
18. Once licensed:
 - a.- How much time can you devote to EVAS service? _____
 - b - What would limit your availability to EVAS service? _____
 - c.- What is likely to change your availability for EVAS service? _____
19. Have you been informed of the costs of securing an EMT license? ____ yes ____ no
20. Which best describes your ability to handle the financial costs involved in becoming an EMT?
____ Can handle the costs ____ Can handle with difficulty ____ Cost will be a huge obstacle

(Continued on Next Page)

Applicant's Name: _____

Miscellaneous

21. How do you think you would benefit from being affiliated with the EVAS?

22. How do you think the EVAS would benefit from your being affiliated?

23. Type of membership you're seeking? (check one)

- ☐ **Full Member** (EMT able to meet minimum call response and training requirements)
☐ **Associate Member** (EMT but unable to meet minimum call response and training requirements)
☐ **Temporary Member** (Emergency care provider employed on temporary basis)
☐ **Regular Employee** (For service outside of call response services)

24. Which of the following are reasons for your application? (Check ALL that apply)

- ☐ EMS response service ☐ Employment ☐ Student or Observer
☐ Driver ☐ Volunteer Other (specify) _____

25. Please provide three (3) references as to your character and capabilities: (Please print clearly)

a. Name _____ Phone _____

E-Mail _____ Relationship _____

b. Name _____ Phone _____

E-Mail _____ Relationship _____

c. Name _____ Phone _____

E-Mail _____ Relationship _____

Applicant's Signature: _____ Date: _____

Please mail or deliver this completed application to:

EVAS, 103 Schagel Way, PO Box 670, Eureka, MT 59917

Or, scan and send as e-mail attachment to: Ambulance1@Interbel.net

What are the next steps?

1. If necessary, we'll check your references, then contact you to set up an interview with members of the Association and/or Director of Operations.
2. If we decide to move forward with your affiliation for membership, we'll perform a background check including fingerprints (this would happen in your initial probationary period).
3. You'll access a new member orientation with coordinated by our EVAS Director of Operations.

Thanks for your interest in serving our community and the EVAS!