

**BLOOMING PRAIRIE VOLUNTEER AMBULANCE  
EMERGENCY MEDICAL TECHNICIAN APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Highest Level of Education (Check only one)

High School Diploma \_\_\_\_\_

Vocational School \_\_\_\_\_

College 2 Year \_\_\_\_\_

College 4 Year \_\_\_\_\_

|   | Yes   | No    |
|---|-------|-------|
| Would you have access to a motor vehicle when on call?      | _____ | _____ |
| Would you be able to respond to calls at night?             | _____ | _____ |
| Would you be able to respond to calls during the day?       | _____ | _____ |
| Would you be able to attend the classes required?           | _____ | _____ |
| Are you willing to attend the continuing education classes? | _____ | _____ |
| Have you ever been arrested?                                | _____ | _____ |
| Have you even been convicted of a crime?                    | _____ | _____ |

Please list the names, addresses, and phone numbers of two character references

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**A VALID MINNESOTA DRIVER'S LICENSE IS REQUIRED**

I understand that the above information will aid the Blooming Prairie Volunteer Ambulance Association in the selection of prospective new members. I also understand that my driving record and any criminal records may be checked by our law enforcement agencies.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_