



Blooming Prairie Volunteer Ambulance Association APPLICATION FORM

Position: Emergency Medical Technician & First Responder

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Occupation: _____

Applying For: Emergency Medical Technician First Responder

Do you live in Blooming Prairie? Yes No

Do you work in Blooming Prairie? Yes No

Do you have a valid Minnesota driver's license? Yes No

Are you currently certified as a First Responder? Yes No

Are you currently certified as an EMT? Yes No

Have you been convicted of a felony? Yes No

Signature: _____ Date: _____

Please drop this application off or mail it to the Blooming Prairie City Center located at: 138 Highway Avenue South. A fillable PDF application is also available on the City of Blooming Prairie website for your convenience. Fillable PDF applications can be sent to ambulance.bp@gmail.com or dropped off at the Blooming Prairie City Center.

If you have any questions, call City Hall at 507-583-7573 and the Blooming Prairie Ambulance Association will be in contact with you.

A criminal and driving background check will be completed prior to joining our service.

Thank you for your interest in the Blooming Prairie Volunteer Ambulance Association!
We will reach out to you soon to set up a time for an interview.