Application Membership for Hull Ambulance

Personal Name: ___ MI Last First Address: ___ Street City State Zip Cell: _____ DOB: ____ Iowa Driver's License #: _____ Social Security #:____ **Education / Employment** Company or School Name (please state number of years of employment or last grade completed): Street City State Zip Supervisor/ Teacher:_____ **Additional Questions** 1. Do you have a medical condition which in any way impairs or limits your ability to provide emergency medical care? "Medical Condition" means any physiological, mental, or psychological condition, impairment, or disorder including drug addiction of alcoholism. Yes____ No ____ 2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substances? Yes____ No ____ 3. have you ever been convicted of, found guilty, or entered a plea of no contest to a felony or misdemeanor crime? (other than minor traffic violation with fines under \$10, 000) Yes____ No ____ 4. Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked or otherwise disciplined a license issued to you? Yes____ No ____ 5. Have you ever been sued in connection with your emergency medical functions in this or any other state? Yes____ No ____ I herby certify that the information provided on this registration form is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in citation and warning, denial, probation, suspension or revocation of my membership in the Hull Ambulance and or state certification. I have read, understood and am able to meet the qualifications laid out in the Bylaws to Articles of Incorporation for the Hull Emergency Medical Service.

Date

Applicatant's Signature