

Sample

ST. JOHN AMBULANCE Volunteer Application Form

CONFIDENTIAL

PLEASE PRINT.

Name	Last	First	Middle Names
Address	City		Province
Postal Code			
Res. Telephone	Present Employer / School		
Bus. Telephone			
Present Occupation			
Language(s)	Spoken	Written	Sign Language

Category of Membership Sought	YES / NO Have you ever been denied membership in, or had membership involuntarily terminated with St. John Ambulance or any voluntary community service organization?
<input type="checkbox"/> Junior (6-11 years old) <input type="checkbox"/> Cadet (11-15 years old) <input type="checkbox"/> Crusader (16-20 years old) <input type="checkbox"/> Adult Brigade (18 + years old) <input type="checkbox"/> Auxiliary (17 + years old) <input type="checkbox"/> Other	

First Aid Certification	Class No.	Organization	Date
Emergency Standard Advanced Level I Advanced Level II Instructor			

C.P.R. Certification	Class No.	Organization	Date
Heart Saver Basic Rescuer Instructor			

Professional Qualification	Lic./Cert. No	Province	Please circle	M.D.	R.N.	R.N.A.	E.M.C.A.	E.M.A.	E.M.T.
Health Care			Class No.	Instructor					

Present or Previous Membership(s) in St. John or other Volunteer Experience			
Organization	Location	When	Task(s)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

REFERENCES (Two must not be friends or relatives and one must know you for two or more years)			
Name	Address	Postal Code	Telephone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PLEASE INITIAL EACH STATEMENT, AND THEN SIGN YOUR NAME.

- _____ I hereby declare that the above information is true and complete to the best of my knowledge.
 _____ I understand that a false statement may disqualify me from membership, or cause my dismissal.
 _____ I acknowledge and agree that information received by St. John Ambulance from my reference sponsors, will be held in strict confidence for the sole purpose of determining my membership eligibility. I further waive any rights conferred under any Freedom/Access of Information statute with respect to viewing or obtaining copies of any reference form in my file.
 _____ I certify that I have not been convicted of a crime for which a pardon has not been granted and I consent to undergo a police records check as part of the selection process.
 _____ I understand that if a valid first aid certificate is required for the level of membership I am seeking, that proof thereof will be required before my application is approved.
 _____ I acknowledge that any uniform, official material, or identification issued to me by St. John Ambulance remains the property of the organization, and must be returned upon my resignation, termination, transfer, or on demand.

_____ Date _____
 Signature of Applicant

_____ Date _____
 Signature of Parent/Guardian if under age 18

FOR OFFICE USE ONLY

APPLICANT ACCEPTED / REJECTED BY:	REASONS:
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THIS SECTION TO BE COMPLETED ONLY IF APPLICANT HAS BEEN ACCEPTED

FOR DRIVERS POSITIONS ONLY			
Driver License #	Defensive Driving Certificate?	Yes No	Date
Have you ever been denied a license, permit or privilege to operate a motor vehicle?		Yes	No
Has any license, permit or privilege ever been suspended or revoked?		Yes	No
<i>Please attach a record of any accidents or traffic convictions (moving violations only) for the past five (5) years.</i>			

IN CASE OF EMERGENCY, NOTIFY:			MARITAL STATUS	
Name	Address		<input type="checkbox"/> Single	
			<input type="checkbox"/> Married	
Relationship	Res. Telephone	Bus. Telephone	DATE OF BIRTH	
			Day	Month Year