



City of Etna

Volunteer EMS Application

Name: _____ Date of Birth _____

Address: _____

Phone: _____ Email: _____

Position Desired: Paramedic EMT Ambulance Driver

Days Available: Mon Tue Wed Thu Fri Sat Sun Varies

Hours Available: _____

Have you been previously employed by Etna Ambulance? Yes No

If yes, why did you leave? _____

Licenses and Certifications (Check those that apply)

- | | |
|---|---|
| <input type="checkbox"/> California Driver's License | <input type="checkbox"/> Pediatric Life Support Cert. |
| <input type="checkbox"/> Ambulance Drivers License | <input type="checkbox"/> CA Paramedic License |
| <input type="checkbox"/> Medical Examiner's Card | <input type="checkbox"/> PHTLS Cert. |
| <input type="checkbox"/> BLS Provider Cert. | <input type="checkbox"/> Driver's History Report |
| <input type="checkbox"/> Advanced Care Life Support Cert. | <input type="checkbox"/> Other |

If other please explain: _____

Please list any Instructor Certs: _____

Additional Skills and Training: _____

Signature

Date