

Waller County Volunteer EMS
Application for Membership

Name _____ D.O.B. _____ Male / Female
Address _____ City/State/Zip _____
Phone (H) _____ (W) _____ (P) _____
DL# _____ Class _____ Social Security # _____
Certification Level _____ Expiration Date _____ Years Certified _____
Employer _____ Position _____ Years Employed _____
Previous EMS Experience _____

May we contact your previous EMS supervisor or medical director? YES NO

Name _____ Phone Number _____

Do you have any emergency driving experience? If yes, please describe: _____

Do you have any health problems or medical history that might effect your performance in the field? If yes, please explain: _____

Have you been convicted of a felony or misdemeanor (excluding traffic citations)? If yes, please explain: _____

How many traffic citations have you received within the past five years? _____

Have you been denied certification or disciplined by the Texas Department of Health? If yes, please explain: _____

When would you be available to answer calls: Day Night Both

I submit all the above information is correct to the best of my knowledge. Any attempt at deception on my part could result in my termination from Waller County Volunteer EMS.

WCVEMIS reserves the right to perform background checks on all members.

Signature _____ Date _____