

**WESTERLY
AMBULANCE CORPS, INC.**

30 CHESTNUT STREET
WESTERLY, RI 02891

Dear Prospective Applicant,

The Westerly Ambulance Corps has been in existence since 1917. We provide emergency medical services for the Westerly-Pawcatuck area. At the present time The Westerly Ambulance Corps currently houses four ambulances, two rescue boats, an ALS Intercept vehicle and two heavy duty rescue trucks. The Westerly Ambulance Corps also serves as the primary dispatch center for the Town of Westerly and neighboring communities. The Westerly Ambulance Corps is currently composed of paid and volunteer personnel and we are proud to serve the men and women of our community.

The Westerly Ambulance Corps is pleased that you have showed interest in joining our organization. Please complete the forms attached in this packet and return to our headquarters at 30 Chestnut Street, Westerly, RI 02891 to start your application process. If at any point in time throughout this process you have a question please feel free to contact any officer at 401-596-4375. Also please visit our website for further information about our organization at www.westerlyambulance.org. Thank you for your time and interest in our organization and we look forward to working with you.

Sincerely,

The Westerly Ambulance Corps Board of Governor's

Membership Application Instructions

To achieve membership at Westerly Ambulance you must be at least eighteen (18) years of age.

To begin the membership process, you must:

1. Complete the Membership Application Form
2. Provide us with two (2) letters of reference
3. Provide us with a letter from your doctor stating you are in good physical condition and can meet the demands of providing emergency services.
4. Complete two (2) background checks contained in this packet;
 - a. One to be dropped off at Stonington Police Department (*SPD will mail your background to us, no need to pick it up*).
 - b. One to be dropped off at Westerly Police Department. Westerly requires you to pick up your background check and drop it off at Westerly Ambulance Headquarters or mail to the below address.

Letters of Reference:

Our application requires that you provide us with two (2) letters of reference. The forms to obtain these references are enclosed in this packet. One of your reference letters must be from a member of The Westerly Ambulance Corps, Inc., willing to be your sponsor (you must have known this person for at least six (6) months). The other reference letter is to be completed by someone you have known for at least one (1) year who is willing to provide you with a reference. Both of your reference letters must be completed and handed in prior to obtaining your interview. Lack of reference letters **WILL** delay the processing of your application.

Submitting Your Application:

Membership applications must be filled out in their entirety and signed by the applicant. Applications may be dropped off at headquarters or mailed:

The Westerly Ambulance Corps, Inc.
30 Chestnut Street,
Westerly RI, 02891

- The Westerly Ambulance Corps, Inc. Board of Governor's

Personal References:

Our application requires that you provide us with two (2) letters of reference. The forms to obtain these references are enclosed in this packet. One of your reference letters must be from a member of The Westerly Ambulance Corps, Inc., willing to be your sponsor (you must have known this person for at least six (6) months). The other reference letter is to be completed by someone you have known for at least one (1) year who is willing to provide you with a reference. Both of your reference letters must be completed and handed in prior to obtaining your interview. Lack of reference letters WILL delay the processing of your application.

Signature:

This statement must be signed and dated for your application to be considered:

I, _____, if accepted into membership with The Westerly Ambulance Corps, Inc. understand that I must abide by the rules and regulations of the organization or my membership may be terminated.

I hereby certify that, to the best of my knowledge, all the information contained in this application packet is true and complete. I hereby give consent to The Westerly Ambulance Corps, Inc. and its representatives to verify this information by any means, including a criminal background check. I understand that if I am accepted for membership with The Westerly Ambulance Corps, Inc. and this information is subsequently found to be incomplete or inaccurate, I could be subject to disciplinary action and/or expulsion from the organization.

Upon resignation/termination of my membership, I will return any and all of The Westerly Ambulance Corps, Inc. property in my possession including, but not limited to, Westerly Ambulance issued uniforms, coats, jackets, keys, pagers and radio equipment.

Signature: _____ Date: _____

For Internal Use Only

Application Received: _____

Interview Committee: _____

Body Meeting: Accept Reject Table Date: _____

Comments: _____

The Westerly Ambulance Corps Membership Application

Today's Date _____

This application must be filled out completely and signed by the applicant and/or parent or guardian.

Name

First

M

Last

Address

Telephone

Cell

Email

Are you 18 years of age or older?

Yes

No

When are you generally available to volunteer your services?

(Select all that apply)

Days

Evenings

Nights

Weekends

Background:

Were you ever a member of Westerly
Ambulance?

Yes

No

If so when?

Do you have any previous ambulance
related experience?

Yes

No

If so where and when did it occur?

Last year of education completed:

If you have any medical training please list below. Also please attach copies of all certifications you have listed below.

	Trained Where	Expiration Date
CPR		
FIRST AID		
EMT-Basic #		
EMT-Cardiac #		
EMT-Paramedic #		
Other		

Please feel free to attach addition sheets if needed.

Have you ever been convicted of a crime in Rhode Island or elsewhere?

(Conviction of a crime does not automatically exclude you from membership)

Yes _____ No _____ If yes, Please explain. (use a separate sheet of paper, if appropriate)

Do you have a valid Driver's License?

(Please attach a copy)

Yes _____ No _____

Driver's License Number _____

State: _____

Please list any moving violations you have had in the past 18 months?

(Use a separate sheet of paper, if appropriate)

Date of Violation	Offense	Date of Conviction	Court & Location

List any chargeable accidents that you have had in the past 3 years:

(Use a separate sheet of paper, if appropriate)

Date of Accident	Location of Accident	Charges

Personal Reference Letter (1)

Dear Sir or Madam:

The person you are providing this reference for is in the process of applying for membership with The Westerly Ambulance. The applicant has chosen you as a person qualified to render a fair opinion of their suitability for membership.

Please complete and sign this form as soon as possible. The applicant will not be considered for membership until we receive your letter of reference. This information will be held in strict confidence. If you choose to do so you may mail this form back to us at 30 Chestnut Street, Westerly, RI 02891 or give it to the applicant.

This letter of reference is for: name of applicant _____

Your Name: _____

Address: _____

Phone Number: _____

The best time to call you is? _____

In what capacity do you know this person? _____

How long have you known this person? _____

Do you understand the services that our organization provides? _____

Do you recommend the applicant for membership at Westerly Ambulance? _____

Please explain why you recommend or do not recommend this person for membership at Westerly Ambulance: _____

Additional comments may be made in the back of this sheet.

Your Signature: _____

Date: _____

Personal Reference Letter (2)

(Must be Westerly Ambulance Corps Member)

Dear Sir or Madam:

As you know this person is looking to join our organization. The applicant has chosen you as a person qualified to render a fair opinion of their suitability for membership and to be their sponsor.

Please complete and sign this form as soon as possible. The applicant will not be considered for membership until we receive your letter of reference. This information will be held in strict confidence. Upon completion please return this form to the secretary.

This letter of reference is for: (name of applicant)

YOUNG NATION

Address

Phone Number

The best time to call yours?

In what capacity do you know this person?

How long have you known this person?

Do you recommend the applicant for membership at Westedy Ambulance?

Please explain why you recommend or do not recommend this person for membership at Western Ambulance: _____

Additional comments may be made in the back of this sheet.

Your Signature

Date _____

**CRIMINAL RECORD CHECK
RELEASE FORM**

THE WESTERLY AMBULANCE CORPS, INC.
30 Chestnut Street
Westerly, RI 02891

I hereby authorize the **Stonington Police Department** to release any personal criminal information or data from this department or from the State of Connecticut with regard to myself. This record must be released to the President or Commander of the Westerly Ambulance Corps with whom I am seeking membership and/or employment.

Signature: _____

Name _____

Date of Birth _____ Social Security # _____

Telephone # _____

Street Address _____

Town _____ State _____ Zip Code _____

(OFFICIAL USE ONLY)

Record Information

Stonington Record Yes No

Connecticut Record Yes No

(BCI) Records Attached? _____

EXPLANATION OF POLICE RECORD BELOW

**CRIMINAL RECORD CHECK
RELEASE FORM**

THE WESTERLY AMBULANCE CORPS, INC.
30 Chestnut Street
Westerly, RI 02891

I hereby authorize the **Westerly Police Department** to release any personal criminal information or data from this department or from the State of Rhode Island with regard to myself. This record must be released to the President or Commander of the Westerly Ambulance Corps with whom I am seeking membership and/or employment.

Signature: _____

Name _____

Date of Birth _____ Social Security # _____

Telephone # _____

Street Address _____

Town _____ State _____ Zip Code _____

(OFFICIAL USE ONLY)

Record Information

Westerly Record Yes No

Rhode Island Record Yes No

(BCI) Records Attached? _____

EXPLANATION OF POLICE RECORD BELOW