

CHARLESTOWN AMBULANCE-RESCUE SERVICE

P.O. Box 346
4891 Old Post Road
Charlestown, RI 02813-0346
(401) 364-3742
www.charlestownrescue.org

Membership Application Instructions:

Dear Applicant:

Thank you for applying for membership in the Charlestown Ambulance Rescue Service (CARS)! We look forward to working with you in one of the best volunteer ambulance services in the state.

To achieve membership in the CARS, your application must be voted on and approved by the Board of Directors and the General Membership Body at their regular monthly meeting.

The following documents are collected and reviewed by the Board of Directors. Based on the information in these documents, the Board of Directors will make an appropriate recommendation to the General Membership Body. This recommendation will be to accept, reject, or table your application, but the General Membership body makes the final decision. The Board and Body meet on the last Thursday of the month. **You are required to be in attendance at the meeting at 6:30 PM on the last Thursday of the month.**

1. Complete the Membership Application Form:

The membership application is enclosed in this packet. It must be filled out in its entirety and signed by you. Drop it off at the CARS headquarters at 4891 Old Post Road in Charlestown, RI (a map to our facility is located on the second page of this packet). You can also mail the application to Charlestown Ambulance-Rescue Service, P.O. Box 346, Charlestown, RI 02813.

2. Provide us with two (2) Letters of Reference:

The application process requires you to provide two references. The forms are enclosed in this packet. You must give these forms to at least two acquaintances who are willing to provide references for you. The Board of Directors must receive two letters of reference **before** the General Membership Body can consider your application. Lack of reference letters WILL delay your application processing beyond the four weeks stated above.

3. Criminal Background Check:

ALL applicants over the age of 18 must submit an ORIGINAL Bureau of Criminal Identification (BCI) report. Rhode Island residents shall obtain this information from the RI Attorney General's Office, 150 South Main Street, Providence, RI 02903. Tel. (401) 421-5268. Out-of-state applicants should obtain their full BCI report from their state of residence. If an offense occurred in another state, a full BCI will also be required from the state in which the offense occurred.

Sincerely yours,

Jordan Dolock EMT-C
Deputy Chief of Personnel

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Membership Application

Today's Date: _____

This application must be filled out completely and signed by the applicant

Name: First: _____ M: _____ Last: _____

Address: _____

Telephone: (home) _____ Cell: _____

Email: _____ Cell Carrier: _____

• Date of birth? _____ / _____ / _____

• Are you currently employed? Yes No

If you are employed, please provide the following information:

Employer _____

Address _____

Work Telephone Number _____

• When are you generally available to volunteer your services?
(Select as many as appropriate)

Days Evenings Nights Weekends

• Why do you wish to join CARS?

Background:

- Where you ever a member of CARS? Yes No
If so when? _____
- Do you have any previous ambulance-related experience? Yes No
- If you have had previous ambulance experience, when and where did it occur?

- Though the CARS will provide you with necessary training, please list any previous medical training that you have had at any time:
(Please attach photocopies of all certifications you have indicated)

Training	Trained Where	Expiration Date
CPR		
First Aid		
EMT-B # _____		
EMT-C # _____		
EMT-P # _____		
Other		

- Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

- Please select the highest level of education/degrees received:

High School (9 10 11 12 GED)

High school attended _____

College (1 2 3 4 5+)

College Degree _____

Colleges Attended _____

- Please detail any non-medical training or experience that may be relevant to the position that you are applying for or that may be an asset to the CARS:

- Have you ever been convicted of any crime in Rhode Island or elsewhere?
 (Conviction of a crime does not automatically preclude you from CARS membership)
 Yes No If yes, please explain (use a separate sheet of paper if appropriate)

- Is it OK if we request a criminal background check on you? Yes No

Driving Record:

- Do you have a valid driver’s license? Yes No

Rhode Island License Number _____ Expiration _____

Or State _____ Number _____ Expiration _____

If you intend to eventually drive any CARS emergency vehicle, you must provide the following information:

- Do you intend to drive any CARS emergency vehicle? Yes No
- Please list any moving violations that you have had in the past 18 months:
 (use a separate piece of paper is appropriate)

Date of Violation	Offense	Date of Conviction	Court and Location

- Please list any *Chargeable* accidents that you have had in the past 3 years:
 (use a separate sheet of paper is appropriate)

Date of Accident	Location of Accident	Charges

Personal References:

Our rules require that you provide us with at least two (2) letters of reference. It is your responsibility to see that these letters are provided to the Board of Directors. The Board of Directors will not pursue obtaining these letters for you.

The letters of reference should be from people who have known you at least two (2) years. Select persons who will render a fair and unbiased opinion of you.

Give these persons the attached "Personal Reference Letter" forms to fill out. Ask them to completely fill out the form. Have them return it to you or mail it to the address printed on the form. Please ask them to do this as soon as possible.

Your application will not be considered by the Board of Directors until two(2) letters of reference are received.

Signature:

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

If accepted into membership of the Charlestown Ambulance Rescue Service, I understand that I must abide by the rules and regulations of the Corporation or my membership may be terminated.

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

Upon resignation/termination of my membership, I will return any and all CARS property in my possession, including but not limited to, CARS issues uniforms, coats, jackets, keys, pagers, and radio equipment.

Signature _____ Date _____

Signature of Parent _____ Date _____

(If Applicant is under age 18)

Office Use Only:

Application Received: ___/___/___

Board Meeting: A R T ___/___/___

2nd Board Meeting: A R T ___/___/___

Body Meeting: A R T ___/___/___

Comments _____

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Personal Reference Letter Form

Dear Sir or Madam:

This person you are providing this reference for is in the process of applying for membership in the Charlestown Ambulance and Rescue Service (CARS). 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 strictest confidence.

This letter of reference is for: (name) _____

Your name _____

Address _____

Phone Number _____ Best time to call you? _____

- In what capacity do you know this person?
Personal ___ Friend ___ Acquaintance ___ Colleague at work ___ Relative ___
I am not really qualified to comment on this person ___
- How long have you known this person? _____ years
- Do you understand that the person named above is applying for membership in the CARS and the nature of the business that the CARS is in? Yes _____ No _____
- Do you highly recommend this person for membership in the CARS?
Highly Recommend ___ Recommend ___ Do NOT recommend ___ No Comment ___

Please explain why you recommend or do not recommend this person for CARS membership (additional comments may be made on a separate sheet of paper)

Your signature: _____ Date _____

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Personal ___ Friend ___ Acquaintance ___ Colleague at work ___ Relative ___
I am not really qualified to comment on this person ___
- How long have you known this person? _____ years
- Do you understand that the person named above is applying for membership in the CARS and the nature of the business that the CARS is in? Yes _____ No _____
- Do you highly recommend this person for membership in the CARS?
Highly Recommend ___ Recommend ___ Do NOT recommend ___ No Comment ___

Please explain why you recommend or do not recommend this person for CARS membership (additional comments may be made on a separate sheet of paper)

Your signature: _____ Date _____