THE WILTON VOLUNTEER AMBULANCE CORPS, INC.
P. O. Box 216, Wilton, CT
PHONE: (203) 834-6245 www.wiltonambulance.org FAX: (203) 834-6267

Dear Applicant:

Thank you for your interest in becoming a member of the Wilton Volunteer Ambulance Corps (WVAC). Established in 1976, WVAC started with just twelve members managing a call volume of little less than two hundred emergencies per year. Currently, we have over 60 members and handle a call volume of over 1,800 emergencies per year.

In order to be considered for membership you must:

1) complete and submit an application for membership;
2) include a copy of your CPR AHA card & your CT EMT/EMR license;
3) include 2 letters of recommendation;
4) agree with both our Bylaws and our Policies & Procedures Handbook*.

Before you become a (probationary member), you must attend 3 monthly WVAC training and/or business meetings**, attend an orientation meeting and have an interview with both the Executive Director and the President of WVAC.

When the application requisites have been met, you will be presented to the Corps as a prospective member at our next business meeting. When approved by the membership as a provisional member you will be provided with:

- WVAC EMS Job Shirt and uniform shirt
- Clinical Apprentice Program and Policy Handbook

After being voted in by the membership, all members are required to adhere to the following:

- Volunteer weekend and/or weeknight shifts per month (a minimum of 36 or 24*** hours of on-duty shift time);
- Attend WVAC training and business meetings on the first and third Wednesday of every month;
- Volunteer for at least 1 community event every 6 months.

Please understand that being a volunteer does not mean your membership comes without obligation. We expect from all our members that they actively participate, join our meetings, take initiative and execute their shifts according to standards and protocol.

Thank you again for your interest in joining the Wilton Volunteer Ambulance Corps. You can mail, email or hand deliver your paperwork all at once or as you complete them. Our mailing address is: WVAC Membership Recruiting, P.O. Box 216 Wilton, CT 06897. You can email any paperwork or questions to admin@wiltonambulance.org. All the information provided by you will be kept confidential.

WVAC President

* Our Bylaws and Handbook can be found in HQ. Go over these before or after one of the business meetings.
** The training meetings occur on the first Wednesday of every month (except Aug) at 7pm at Comstock Community Center, 180 School Rd, Wilton and the Business meetings are held on the 3rd Wednesday of every month at 7pm at our HQ, 234 Danbury Rd., Wilton. We also provide a Zoom link for those who cannot attend in person.
*** 36 hours for everyone over 18 years of age, 24 hours for everyone that is younger than 18. Members younger than 18 are not allowed to do full night shifts.

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APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION:

DATE OF APPLICATION: _____

Name:
Last First Middle

Address:
Street (Apt) City, State Zip

Alternate Address:
Street (Apt) City, State Zip

Contact Information: ( ) ( )
Home Telephone Mobile Telephone Email

Social Security Number: **Date of Birth:**

EMERGENCY CONTACT INFORMATION:

Name:
Last First Middle

Address:
Street (Apt) City, State Zip

Contact Information: ( ) ( )
Home Telephone Mobile Telephone Relationship

I attest that all information contained herein is, to my knowledge, accurate and correct.

Signature of Applicant **Date**

CERTIFICATIONS:

	Certification Type & No.	Expiration Date	State/Agency
EMR/EMT/AEMT/ Paramedic			
CPR			
Driver's License			
Other Certifications			

REFERENCES:

Please list two references, excluding family members:

Name	Phone Number	E-mail	Relationship	Duration of Relationship

EDUCATION:

	School/Institution	Degree/Certification	Years Completed
High School			
College			
Vocational/Technical/Trade			
Other Education			

CURRENT/RECENT EMPLOYMENT:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed, and reason for leaving, if any:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed, and reason for leaving, if any:

OTHER VOLUNTEER WORK: (optional)

HONORS & AWARDS: (optional)

IMMUNIZATIONS:

Please include a copy of your most recent immunization records. Please be sure to Include:
Hepatitis & TB Screening.

If you have any questions or concerns about your health and the ability to function as part of the crew, please communicate them to the Membership Chairperson.

*****PLEASE ATTACH A COPY OF YOUR BILL OR RECEIPT FROM YOUR EMT COURSE FOR REIMBURSEMENT AFTER MEETING YOUR SET REQUIREMENTS OF VOLUNTEER SERVICE**

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Permission for a Minor

I, _____, hereby give permission for my son or daughter,

_____, to participate in the Wilton Volunteer Ambulance

Corps as an active Member.

_____
Parent/Legal Guardian Signature

_____ _____
Print Name Date

_____
Minor Signature

_____ _____
Print Name Date

234 Danbury Road
Wilton, CT 06897