



Application for Membership

Date: _____

Our volunteer members vote on all new member applications at monthly business meetings after all requirements of application have been met. Therefore, any pertinent information you provide on this form may be shared with the general membership.

Last Name: _____ First: _____ Middle: _____

Address: _____

Town/city: _____ Zip code: _____

E-mail address: _____

Telephone: _____ cell: _____

Date of Birth: _____ Driver's License _____

In the event of an emergency, who would we contact?

Name: _____ Phone # _____

Why do you want to join Jamestown Emergency Medical Service? _____

Previous training or experience _____

RI EMT License # _____

Do you now have, or have you had an open action by the State of Rhode Island or any State, against your current or past EMT license? _____

We require three (3) character references (non-family members) or the name of a sponsor who is a member of JAMS. Please provide names and phone numbers where they can be reached, as we will call them.

_____ Phone # _____

_____ Phone# _____

_____ Phone # _____

You may also be asked to attend a JEMS training or business meeting and have an interview with the membership committee. Applications are voted on at a monthly JEMS business meeting, at which you will NOT be present.

Should you be accepted for membership, the following requirements must be met:

You must:

- be eighteen (18) years of age or 16 with a parent's permission?.
- have a valid driver's license.
- abide by the by-laws, policies and procedures of this organization.
- complete standard first aid, and current CPR courses.
- attend and pass Emergency Vehicle Operator training, successfully complete a practical driving test, and complete a period of supervised, evaluated driving before driving for JEMS.
- provide to this organization a current R.I. State Certified Emergency Medical Technician (EMT) license before attending to any patient(s).
- attend all EMS business meetings and training sessions required for membership.

MEDICAL HISTORY

Do you have any medical or physical conditions that would prevent you from performing heavy physical tasks such as lifting and carrying patients, carrying moderately heavy equipment from apparatus to site, operating under extreme weather conditions, and so on?

At the discretion of this organization, you may be required to undergo a physical examination at the expense of the Jamestown EMS. Certain immunizations are required and will be provided at the expense of the Jamestown EMS.

Have you had any motor vehicle accidents in the last 5 years _____
Be specific if the answer is yes: _____

Have you received any traffic tickets in the last 5 years: _____
Be specific if the answer is yes: _____

Have you been arrested in the last 5 years: _____
Be specific if the answer is yes: _____

The above information in this application is true and complete to the best of my knowledge.

Applicant's Signature Date

Thank you for your interest in JEMS. Please sign and return this application to:

Jamestown Emergency Medical Services
Attention: Membership Committee
11 Knowles Court, P.O. Box 8
Jamestown, RI 02835

Questions? Call 423-7276
Leave a message and someone
will call you back.

() Approved

() Rejected

Date: _____ Secretary Signature _____

November 2008

JAMESTOWN EMERGENCY MEDICAL SERVICE

POLICE RECORD CHECK

TO WHOM IT MAY CONCERN:

As a requirement to join the Jamestown Emergency Medical Service (JEMS), I am required to have a police records check. Therefore, I hereby request and authorize release of the below information to the JEMS Membership Committee.

Signature and Date of Application

LAST NAME

FIRST NAME

MIDDLE NAME

ALIAS

D/O/B _____ SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____ STATE _____

A police record check was conducted on _____ by the Jamestown
date

Police Department with the following results.

NO RECORD FOUND _____

RECORD ON FILE _____

Signature and Date of Records Officer

A State of Rhode Island BCI record check MUST ALSO BE PROVIDED BY THE APPLICANT to the Membership Committee. Information on obtaining a BCI record check is available at the following website - <http://www.riag.state.ri.us/civilcriminal/criminalid.php> or by calling the Office of the Attorney General (401) 274-4400.

Out of state applicants will also need a clear National Crime Information Center check.