



# Tipton Ambulance Service



## Membership Application

Complete and mail this form to Tipton Ambulance Service 407 Lynn St. Tipton, IA 52772.  
Or you may drop it off. If you are under the age of 18 you must obtain your parents signature.

Regardless of the form you submit, all fields (\*) must be completed, or it cannot be accepted. Once we receive your application, a member of the service will contact you to schedule an interview.

Information provided to be verified by the Tipton Ambulance Service.

Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Middle: \_\_\_\_\_

Address\*: \_\_\_\_\_

Town\*: \_\_\_\_\_

Cell Phone\*: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth\*: \_\_/\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Length of time residing and/or employed in Tipton area: \_\_\_\_\_

Current Occupation\*: \_\_\_\_\_

Employer\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

Highest Level of Education: High School College Other \_\_\_\_\_

Referred to Tipton Ambulance Service by (if applicable):  
\_\_\_\_\_

Do you have a driver's license? Yes No

D/L#: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Has your driver's license ever been suspended or revoked for ANY reason? Yes No

If yes, please explain and give dates:  
\_\_\_\_\_



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Have you ever been convicted of a crime? (Including misdemeanors) Yes No  
If yes, please explain and give dates:

\_\_\_\_\_

Have you had any Traffic violations within the last 2 years Yes No

If yes, please explain and give dates:

\_\_\_\_\_

Have you ever applied for membership or served the Tipton Ambulance Service?\* Yes No

If yes, list dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever applied to and/or been a member to another ambulance service, first responder service, Fire, Police Department (volunteer/paid)?\* Yes No

If yes, complete the following:

Organization	Dates of Service	Position(s) Held	Reason for Leaving

(Please attach separate sheet if affiliated with more than three organizations.)

Please include copies of all certifications with application

COURSE	DATE	EXP.	COURSE	DATE	EXP
EMR			CPR		
EMT			ACLS		
AEMT			PALS		
PARAMEDIC			BLS INSTRUCTOR		
CCP			PHTLS		
RN			AMLS		
FF1			HAZMAT		



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### AVAILABILITY (Please check below days & times available)

	Mon	Tue	Wed	Thr	Fri	Sat	Sun
Morning (6:00 AM – 12:00 PM)							
Afternoon (12:00 PM – 6:00 PM)							
Evening (6:00 PM – 12:00 AM)							
Overnight (12:00 AM – 6:00 AM)							

### REFERENCES

Please provide the information of 3 people in the provided space below with knowledge of your professional ability for which you are applying

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

How Aquainted: \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

How Aquainted: \_\_\_\_\_

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

How Aquainted: \_\_\_\_\_



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**If acceptance is granted under this application, I do understand and agree to comply with all the rules and regulations, which includes but not limited to the By-Laws and Operational Guidelines of the Tipton Ambulance Service. I further agree to submit to a physical examination by a licensed physician. In addition, I give the Tipton Police Department and any other law enforcement agency permission to perform a background investigation on me.**

**The information provided on this application has been provided by me and are true to the best of my knowledge. It is understood that any false information or statements on this application or on the physical examination documentation, is sufficient cause for rejection of this application and/or dismissal from the Tipton Ambulance Service.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(If a minor, parent/guardian signature required)**

### DO NOT WRITE BELOW THIS LINE

Date Application Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Interviewed by: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Application reviewed by:    Captain    President    Application Committee

Date accepted as member: \_\_\_\_\_ Membership Type (initial): \_\_\_\_\_

Membership information provided to:    Scheduling Officer    Training Officer    Secretary

Date resigned/terminated: \_\_\_\_\_ Reason: \_\_\_\_\_

Did member resign in good standing:    Yes    No    If no, please provide documentation.