

# Dysart Ambulance Service

424 Main St  
PO Box 212  
Dysart, IA 52224  
319-476-4911

## Application For Membership

NAME \_\_\_\_\_  
*Last First Middle Initial (if application)*

ADDRESS \_\_\_\_\_  
*Street, PO Box, Apt no*

\_\_\_\_\_ *City State Zip Code*

Phone: \_\_\_\_\_ EMAIL \_\_\_\_\_ SSN \_\_\_\_\_

Position sought: Driver/Attendant \_\_\_\_\_ EMT/AEMT/Paramedic \_\_\_\_\_

Current Employer \_\_\_\_\_ College (if student) \_\_\_\_\_

List any medical training or certification/Licensure you have or currently hold:

1. \_\_\_\_\_
2. \_\_\_\_\_

List other skills/experience that may be of value to the ambulance service:

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Have you have moving violations for which you have been convicted in the past three years – **PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE**

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Have you ever been a member of another emergency response service? If yes, please list name, supervisor and phone number \_\_\_\_\_

**Please answer the following questions (these are required for state EMS certification/Licensure)**

Do you have a medical condition, which in anyway impairs or limits your ability to perform the duties required in a emergency medical response? (Medical condition means any physiological, mental or psychological conditions, impairment or disorder, including drug addiction and alcoholism) \_\_\_\_\_

Have you in the past 3 years engaged in the illegal or improper use of drugs or other chemical substances? \_\_\_\_\_

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Have you currently or in the past been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (other than minor traffic violations with fines under \$250.00) \_\_\_\_\_

Has any state or other jurisdiction of the United States or any other nation limited, restricted warned, censured, placed on probations, suspended, revoked or otherwise disciplined a professional license, permit, registration or certification issued to you? \_\_\_\_\_

Have you had a license, permit, registration or certification denied, suspended, revoked or otherwise disciplined by a certification body? \_\_\_\_\_

**If you answered yes to any of the above questions, you may be asked to provide additional information prior to the determination of your membership to the Dysart Ambulance Service.**

Would you be interested in taking an EMT Certification class? \_\_\_\_\_

Do you agree to complete all training required as determined by the Director of EMS? \_\_\_\_\_

Do you agree to regularly attend monthly meetings of the ambulance service to maintain understanding, education and skills maintenance necessary for the successful operation of this ambulance service? \_\_\_\_\_

Do you agree to make yourself available for shifts each month unless on a Leave of Absences approved by the EMS Director? \_\_\_\_\_

Please check the times you can be available for service (check all that apply) Full shifts are preferred but partial shifts are acceptable:

Weekends      6:00 AM – 6:00 AM (24 hr shift) \_\_\_\_\_  
Days            6:00 AM – 6:00 PM (12 hrs) \_\_\_\_\_  
Nights         6:00 PM – 6:00 AM (12 hrs) \_\_\_\_\_

**I hereby agree to abide by the Ordinance, policies, procedures and protocols governing the Dysart Ambulance Service. I certify that all responses on this application are truthful and to the best of my knowledge.**

**I understand that the Dysart Ambulance Service may verify the information I have provided including a background and driving record check. I grant Dysart Ambulance Service to conduct a background check and acknowledge all information obtained will be kept confidential.**

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**