



NBCEMS Volunteer Application

All information on this form and all information received will be kept by NBCEMS in the strictest of confidence and will not be used or shared with other organizations. Information obtained will be used for application purposes only.

Volunteer Information

Name (Last, First, Middle):

Address (Street, City, State, Zip Code):

Mailing Address (if different from physical address):

Home Phone: _____ Work Phone: _____

Email: _____

SSN: _____ Date of Birth: _____

Background Check Information

Driver's license information:

State _____ Number _____

Have you had any moving violations in the past two (2) years? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Are you currently the subject of an indictment for a misdemeanor or felony? Yes No

If you answered "yes" to any of the above questions give the date and title of each related offense.

Additional Background Check Information

Please provide the following additional information. NBCEMS will use this information when conducting a Criminal History Background Check. Please provide your ethnicity. Use the other spaces below to list any other names (aliases) you have used, such as maiden name, previous marries name, etc.

Ethnicity White Black Hispanic Other _____

Alias: _____

Volunteer Agreement

I affirm that the information that I have provided is true and correct to the best of my knowledge.

I agree to conform to the rules and regulations of NBCEMS to the best of my ability.

I agree to respect the confidential nature of information and any personal contact with patients.

I agree to inform the Association if I am named in complaints or indictments or convicted of offenses.

I understand and agree to allow NBCEMS to conduct a criminal history and Central Registry checks.

I understand that I will begin service on a probationary trial basis.

I have read the information provided, and I would be interested in becoming a member with North Blanco County EMS. I believe I have the time, interest, and commitment to fulfill the role of an effective member. I understand and feel that I am able to respect the confidentiality requirements as being a member of this organization.

Signature of Volunteer Applicant

Date

NBCEMS use only:

_____ Date Criminal Background Check was completed

_____ Date Central Registry Check was completed

_____ Date to start volunteer service

Signature of Board President

Date

Accepted Not Accepted