



CITY OF LAURENS

P.O. Box 148 • 272 North Third Street • Laurens, Iowa 50554
(712) 841-4526

Laurens Community Ambulance Team

Application for Membership

1. Applicant's Name _____
2. Address _____
3. Telephone (Home) _____ (Business) _____
4. Occupation _____ Years Employed _____
5. Employer Name and Address _____
6. Length of Residence in Laurens _____
7. Education High School _____ College _____ Highest Degree Earned _____
8. List First Aid experience or medical training and the completion date of each course
 - a. _____
 - b. _____
 - c. _____
9. List other skills or experience which may be of value to the ambulance team.

10. List any physical ailments or disabilities that would prevent you from performing the duties of a member or the Laurens Ambulance Team

11. Do you agree to take physical examinations as required? Yes ___ No ___

**12. List all traffic violations for which you have been cited in the past five years.
Provide date of birth and drivers license number.**

13. Are you now or have you in the past been rated as a substandard risk by any automobile insurance company? Yes___ No ___ If yes, explain below:

14. Do you agree to complete the advanced first aid course, CPR, and other required training prior to becoming a qualified ambulance attendant? Yes ___ No ___

15. Do you agree to successfully complete the Emergency Medical Technician course within 6 months of this application? Yes ___ No ___

16. Do you agree in addition to your duty time, you will attend regular meetings and such other drills or meetings as are required to properly maintain an efficient ambulance service? Yes ___ No ___

17. Does your employer understand the duties and responsibilities of your membership in this service, and does your employer agree to your active participation in this team? Yes ___ No ___

Signature of Employer Date

18. I hereby agree to abide by the by-laws and rules of the team; and the City, County, State, and Federal laws and ordinances which govern the operation of this ambulance service.

Signature of Applicant Date

This application requires the approval of the members of the Ambulance Service and the Laurens City Council. All applicants will serve a six-month probationary period, at the end of which a vote of the membership is required for continuing membership.

The above named applicant has been approved by the membership of the Laurens Community Ambulance Team

Signature of Director Date

Per City Council approval, the above named applicant has been approved for appointment as driver/attendant of the Laurens Community Ambulance Team

Signature of City Clerk

Date