



APPLICATION FOR MEMBERSHIP

Norfolk Lions Club Ambulance



7 Shepard Road, Norfolk, Connecticut 06058, 860-542-5077

Name: _____ Address: _____ Date: _____

Phone: _____ E-mail: _____ DOB: _____

Position Applying For: (circle one): Driver EMR EMT AEMT Paramedic Other

If other, please explain: _____

List any current medical certifications: 1. _____ Cert # _____ Exp. Date: _____
(e.g. CPR/AED, EMT, RN, MD, etc.)

2. _____ Cert # _____ Exp. Date: _____

3. _____ Cert # _____ Exp. Date: _____

4. _____ Cert # _____ Exp. Date: _____

Do you hold a valid CT Driver's License? _____ License #: _____ Exp. Date: _____

Have you been a member of another ambulance or fire department? If so, where? When?

What previous experience do you have?

Include three references with telephone numbers:

Are you aware of any physical, medical, or mental issues which might impair your ability to perform as an ambulance member? Have you ever been convicted of a crime? If yes, please explain.

Reason for applying:

By signing below, I authorize Norfolk Lions Club Ambulance to perform a background check to verify the above information. All information will be held strictly confidential.

Signature: _____

Membership approval:

Date:



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Ethnicity/Racial/Sex Monitoring Data

The following information is requested by the Federal Government in order to monitor our compliance with various federal civil rights laws. You are not required to furnish this information but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations we are required to note the race or sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

I do not wish to furnish this information

Ethnicity Hispanic or Latino
 Not Hispanic or Latino

Race/
National Origin American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Sex Male
 Female

Date _____

Name _____



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Accountability/ID Card Data Collection

* = Required Field

| | | | |
|--------------------|------------------------------------|-------------------------------------|-------------------|
| Card Type | _____ | * Last 4 digits drivers' license | _____ |
| * Last Name | _____ | * Rank/ Position | _____ |
| * First Name | _____ | * Gender | _____ |
| * Address 1 | _____ | | |
| * Address 2 | _____ | | |
| * City | _____ | * State | _____ |
| | | * Zip | _____ |
| * Date of Birth | _____ | | |
| * Organization | _____ | Organ Donor | Yes / No _____ |
| * Qualifications | Circle: Driver EMR EMT AEMT Other: | | |
| Max: 10 | _____ | | |
| * Chief's Initials | _____ | | |

| | | | |
|-------------------|-------|------------|-------|
| Physician | _____ | Phone | _____ |
| Emergency contact | _____ | Phone | _____ |
| | | Blood Type | _____ |



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Hepatitis B Vaccine

If there is a possibility that you are pregnant, do not take vaccine.

Name _____

Date _____

Age _____

Gender _____

Circle your response and sign below

Yes I understand the risks and benefits of immunization with the Hepatitis B vaccine. I have had the opportunity to read the package insert and ask questions. However, as with all medical treatments, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I request that the vaccine be given to me.

No I have read the above statement about the Hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of the vaccination. Despite the potential benefits, I prefer NOT to be immunized at this time.

Signature of Employee _____

Date _____

Signature of Witness _____

Date _____

Use the following procedure to obtain a vaccine:

- Call Concentra, 333 Kennedy Drive, Suite 202, Torrington, at 860-482-4552 to get an appointment.
- Adults getting hepatitis B vaccine should get 3 doses — with the second dose given 4 weeks after the first and the third dose 5 months after the second.
- If you believe you have already had a three-course Hepatitis B vaccine, you can ask Concentra for a titre blood draw to check your immunity.



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Before you apply, please read this page:

At Norfolk Lions Club Ambulance we take confidentiality very seriously.

Under federal law we are required not to discuss or disseminate any kind of patient information with anyone (Health Insurance Portability and Accountability Act).

“The HIPAA Privacy Rule regulates the use and disclosure of Protected Health Information (PHI) held by “covered entities” (generally, health care clearing-houses, employer sponsored health plans, health insurers, and medical service providers [Norfolk Lions Club Ambulance] that engage in certain transactions). PHI is any information held by a covered entity which concerns health status, provision of health care, or payment for health care that can be linked to an individual. This is interpreted rather broadly and includes any part of an individual’s medical record or payment history.”

Exceptions include **Child Abuse** and **Elder Abuse**, for which we are mandatory reporters and about which you will learn more later.

I have read and agree to abide by the above requirements

Signature of Applicant _____ Date _____