182 South Avenue
New Canaan, CT 06840
203.594.3535

Application for Membership

Legal Name

Last | First | Middle | Date of Birth

Home address

Street

City | State | Zip Code

Contact

Home Phone | Cell Phone/Cell Phone Carrier | Email

Driver's License

License Number (required) | State of Issue | Expiration Date

Emergency Contact

Name | Relationship to Applicant | Phone number

Education

High School | Grade/Years Completed

College | Degree/Certification | Years Completed

Vocational/Technical/Trade | Degree/Certification | Years Completed

Other Education | Degree/Certification | Years Completed

Employment

Occupation | Employer | Dates Employed

Work Street Address

City | State | Zip code

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Please list three people over the age of 18 that you have known for at least three years for whom we may request a personal reference (no relatives and no more than one NCEMS member, please).

Reference #1 _____

Name # Years Known Phone Email

Reference #2 _____

Name #Years Known Phone Email

Reference #3 _____

Name #Years Known Phone Email

Please list any previous and/or current public safety experience (police, fire, EMS). List name of organization and length of service.

_____

_____

_____

_____

License/Certifications

Please submit your certification cards along with your application.

CPR _____

Completion Date Expiration Date

NREMT _____

License Number Expiration Date

CT EMT _____

License Number Expiration Date

EMT Class _____

Location/Instructor Completion Date

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Please answer the following questions.

Have you ever been convicted of a felony or a misdemeanor? **YES** **NO**

Have you been cited for any motor vehicle violations in the last five years? **YES** **NO**

Do you have any disability that might preclude you from lifting heavy objects or performing the mentally and physically strenuous work associated with ambulance duty?

_____
_____
_____

Why do you think emergency medicine is something you would like to pursue?

_____
_____
_____
_____

Why do you think you would be an asset to NCEMS?

_____
_____
_____
_____

Please carefully read the following and sign below.

I certify that all information and statements contained in this application are accurate and truthful to the best of my knowledge. I understand that omissions or misrepresentations regarding this information may be grounds for rejection or dismissal. I agree to examination of my motor vehicle and/or criminal record(s) at any time for the purpose of establishing my good character.

Signature Print Name Date

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Medical Clearance to Perform Duties

To the physician: Your patient has applied for membership as an Emergency Medical Technician (EMT) with New Canaan EMS. The duties of an EMT can be both physically strenuous and mentally stressful. Please evaluate the applicant knowing that his/her duties will require excellent physical and mental condition, and note anything that may compromise this applicant's performance. Thank you.

Applicant's Name (Please Print)

Has this applicant suffered any illness/ injury which might be aggravated by strenuous physical activity?

YES **NO** If Yes, please specify:_____

_____

_____

Does this applicant show evidence of any physical condition, such as back problems, which would prevent lifting and carrying heavy equipment and stretchers?

YES **NO** If Yes, please specify:_____

_____

_____

Does this applicant have any mental or emotional condition which would interfere with his/her ability to think and react quickly and withstand the stress associated with performing the duties of an EMT?

YES **NO** If Yes, please specify:_____

_____

_____

Does this applicant show evidence of any physical condition which would interfere with the safe operation of an emergency vehicle?

YES **NO** If Yes, please specify:_____

_____

_____

Please evaluate the applicant's overall physical and mental condition for performing the duties of an EMT.

_____

_____

_____

I have examined the above applicant and hereby certify that to the best of my knowledge he/she is free from any physical or mental condition(s) which might prevent his/her ability to perform the duties of an EMT.

Signature Name (Please Print) Date

Street Address City State Zip code

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Consent for Background Investigation

In Connection with your application for membership at New Canaan EMS (NCEMS), notice is herby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency. These reports may contain information about your character, general reputation, personal characteristics, and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, other background checks.
You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting:

1.) NCEMS
182 South Avenue
New Canaan, CT 06840
(203) 594-3535

and

2.) Active Screening, Inc.
14499 N. Dale Mabry Hwy., Suite 201
South Tampa, FL 33618
(800) 319-5580

For information about Active Screening, Inc.'s privacy practices, see www.activescreening.com. The scope of this notice and authorization below is not limited to the present and, if you are approved for membership, will continue throughout the course of the involvement with NCEMS and allow NCEMS to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

Acknowledgement and Authorization

By signing below, I herby authorize the obtaining of consumer reports and/or investigative consumer reports by NCEMS, at any time after receipt of this authorization and throughout the course of my membership, if applicable.

Name (Please Print)	**Social Security Number**		**Date of Birth**
Other Names Used	**Driver's License #**		**State of Issue**
Home Street Address	**City/County**	**State**	**Zip Code**
Signature			**Date**
Signature of Parent/Legal Guardian (Minors Only)			**Date**

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For High School Applicants ONLY

As a member of New Canaan EMS, you will be actively working in the field and be in contact with patients who may have been exposed to or infected with any variety of illnesses. In order to ensure your safety, we require that you submit a copy of the ***Health Assessment Record*** that is completed by your doctor in addition to the Medical Clearance Form. This form can be found on the State of Connecticut Department of Education website (https://portal.ct.gov/-/media/sde/school-nursing/forms/health_assessment_record.pdf)

High school applicants must complete the ***Parental Acknowledgement Form*** that is signed by both applicant and Parent/Guardian of the applicant. It is strongly recommended that the parent/guardian of the applicant review **WITH** the applicant the potential risk of volunteering as a first responder. If either the parent/guardian of the applicant or the applicant has any questions about policies and procedures pertaining to New Canaan EMS, please contact membership@newcanaanems.org.

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PARENTAL ACKNOWLEDGEMENT OF RISK FORM

1. PROGRAM DESCRIPTION

Your child is applying to join the volunteer Emergency Medical Services (EMS) team of the Town of New Canaan. Participation will require your child to assist with and, when necessary, lead the provision of care to sick and injured patients requesting emergency services via 911. Your child will be part of an interdisciplinary team that will support his/her training and development to prepare your child for real-life medical emergencies. After the conclusion of your child's probationary training (that can last 6 to 12 months), your child will become an Active member of New Canaan EMS and assume the role of Crew Chief. Your child will be paired with a more experienced Emergency Medical Technician (EMT) who is responsible for driving the ambulance to make up a full crew. Your child will be treated as a peer and, for all intents and purposes, as an adult.

2. ACKNOWLEDGEMENT OF RISKS

As the parent or legal guardian of the above-named student, I understand and acknowledge that participation in EMS activities involves inherent risks. These risks include, but are not limited to:

- Exposure to bodily fluids and bloodborne pathogens (e.g., HIV, Hepatitis B/C)
- Exposure to airborne illnesses (e.g., tuberculosis, COVID-19, influenza)
- Emotional trauma from exposure to serious injuries, illnesses, or fatalities
- Risk of physical injury from lifting patients, moving equipment, or involvement in emergency scenes
- Physical and environmental hazards such as fires, vehicle accidents, or natural disasters
- Risks associated with riding in an emergency vehicle under lights and sirens
- Possible contact with aggressive or unstable individuals
- Risks related to working during nighttime hours or in high-stress environments

3. VOLUNTARY PARTICIPATION

I acknowledge that participation in this program is voluntary and is not a required part of any school curriculum. My child may withdraw at any time.

4. PARENT/GUARDIAN CONSENT

I give permission for my child to participate in this program, understanding the risks and responsibilities involved.

Parent/Guardian Signature	Print Name	Date
Parent/Guardian Phone number	Relationship to Applicant	
Emergency Contact (if different)	Relationship to Applicant	Phone Number
Student Applicant Signature	Print Name	Date