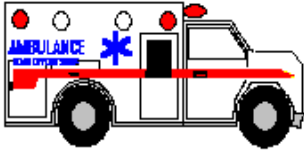


Fort Smith Ambulance Service



P.O. BOX 147
FORT SMITH, NT XOE OPO
PHONE: (867) 872-8400
EMERGENCY PHONE: (867) 872-3111
FAX: (867) 872-8401



AMBULANCE DEPARTMENT APPLICATION FOR MEMBERSHIP

Name: _____ Date of Birth _____
D / M / Y

Address: (Postal) _____
(Street) _____
(Town) _____
(Province/Territory) _____
(Postal Code) _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

Fax: (If Applicable) _____

LEVEL OF TRAINING

First Aid Level: Emergency () Standard () Adv. I () Adv II ()

Date Achieved: _____ Expiry Date: _____
D / M / Y

CPR Level: A: () B: () C: () Other () Exp.: _____
D / M / Y

Advanced Training: EMR () EMT-A () EMT-P () Other ()

Date Completed: _____ Copy of Certificate Attached ()
D / M / Y

Date Registered _____ Where: _____
D / M / Y

Expiry: _____ Registration Number: _____
D / M / Y

Other Medical Training: _____

12:1 or 10:1 Skills: Please List:

Date Achieved: _____
D / M / Y

Expiry: _____
D / M / Y

DRIVING QUALIFICATION

Driver's License Number: _____ Class: _____

Province / Territory: _____ Expiry: _____
D / M / Y /

Are you prepared to respond to Ambulance calls at any time of the day or night while on call? Yes _____ No: _____

Reason, if the answer is no:

Please give a brief description of your reason for wanting to become a member of the Fort Smith Volunteer Ambulance Service:

Are you willing to take training as part of the ongoing in-service required with the ambulance Department? Yes: _____ No: _____

