

**TOWN OF TRUMBULL  
 TRUMBULL EMERGENCY MEDICAL SERVICE  
 250 MIDDLEBROOKS AVENUE, TRUMBULL, CT 06611  
 (203) 452-5146**

**APPLICATION FOR VOLUNTEER SERVICE  
 Trumbull Emergency Medical Service**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
          Last                          First                          Middle

Address: \_\_\_\_\_  
          Number          Street                          City                          State          Zip

Telephone: \_\_\_\_\_  
          Home  Work  Cell

E-Mail Address: \_\_\_\_\_

**EDUCATION**

Name & Address of School	Course of Study	Degree/Diploma
High School		
Undergraduate		
Graduate		
Professional		
Other		

**CURRENT CERTIFICATIONS/LICENSES**

Connecticut Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_ EMR \_\_\_ EMT \_\_\_ EMT-I \_\_\_ EMT-P \_\_\_ EMS-I \_\_\_ CPR-I \_\_\_ ACLS-I \_\_\_ PALS-I

State of Connecticut Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Certifications Held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**REFERENCES**

Trumbull EMS requires two written personal references from supervisors you have worked with in previous volunteer services or paid employment. Students should include a reference from a guidance counselor or teacher. These references should be sent to the

Director of Personnel  
Trumbull Emergency Medical Service  
250 Middlebrooks Avenue  
Trumbull, CT 06611

I understand that a positive drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment.

I authorize representatives of the Town of Trumbull to obtain pertinent information from my background, including a criminal records check.

I authorize previous volunteer agencies or employers, references, and persons with knowledge of my work history and background to provide pertinent information to the Town of Trumbull and release all such persons and waive any claims, demands or causes of action whatsoever, in connection with the request for and release of such information.

I understand that all part time/volunteers for the Town of Trumbull may terminate their position at any time, with or without cause and with or without notice. Likewise, the Town of Trumbull will respect my right to terminate my position at any time, with or without cause and with or without notice.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for a part time/volunteer position and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge regardless of the time elapsed before discovery. I further certify that I have personally completed this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE RETURN APPLICATION AND COPIES OF ALL  
CERTIFICATIONS, INCLUDING YOUR DRIVERS LICENSE,  
MARKED CONFIDENTIAL TO**

**TRUMBULL EMERGENCY MEDICAL SERVICE  
250 MIDDLEBROOKS AVENUE  
TRUMBULL, CT 06611-3098  
ATTN: ADMINISTRATIVE ASSISTANT**