

La Farge Area Ambulance Service Volunteer Application

201 South Cherry St., P.O. Box 327, La Farge, WI. 54639

*Please complete this application by typing or printing in ink. Incomplete or unsigned applications will not be considered.

*We are an equal opportunity service. We do not discriminate on the basis of race, religion, color, sex, age, nationality, marital status, or disability.

Personal Data

Name

Address

City

State

Zip Code

Home Phone

Cell Phone

Provider

E-Mail Address

Driver's License

Are you a Verteran of Military Services? Yes No

Education

High School Diploma or GED? Yes No

Post Secondary Degree? Yes No

Name of High School

Additional Information (Volunteer work, Licenses, Special skills, etc.)

List References

Name

Address

Phone

Signature

Date

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for volunteering or, if accepted, may be grounds for termination at a later date. With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.