

**MRVAS PERSONNEL APPLICATION**  
**P.O. Box 305, Waitsfield, Vermont 05673 · (802) 496-8888**

Received: _____
By: _____

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

MAILING ADDRESS: \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(Please circle the preferred contact method above)

Name & contact information for two references who know you well (may be MRVAS members, employers, co-workers, friends, etc.):

Check your area of interest in Mad River Valley Ambulance Service:

Medical Team  Driver  Dispatcher  Rescue Team  Auxiliary  Undecided  Junior (age 15-17)

**Requirements:** To become a Medical Team Member, Driver or Dispatcher for MRVAS requires a commitment of 60 hours per month (12 of which fall on a weekend day or night) and attendance at one evening training session per month. The applicant must be a full-time, year-round resident of the Mad River Valley\* and commit to at least one year of service. Drivers must be at least 25 years of age and have a good driving record. All members driving to calls in their personal vehicle or otherwise shall certify annually that they hold a valid driver's license and any changes to license status shall be immediately reported to MRVAS. Medical team members are required to cover tuition cost of initial EMS training and upon successful completion of the certification will be reimbursed the amount required by Vermont District 6 Emergency Medical Services at the time of their course fee was paid.

\*Under special circumstances, the residence requirement may be waived by the MRVAS Board of Directors.

**DRIVING AND CRIMINAL RECORD\*\***

1. Have you been involved in a motor vehicle accident during the past three years? YES / NO
2. Have you been convicted for a moving traffic violation during the past three years? YES / NO
3. Do you currently hold a valid driver's license? YES / NO
4. Have you ever had your driver's license suspended or your driving privilege revoked? YES / NO
5. Have you ever been convicted of a felony or misdemeanor (other than moving traffic violation)? YES / NO
6. Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere? YES / NO

**ABILITY TO PERFORM REQUIRED DUTIES\*\***

Required duties for all positions include operation of two-way radios and for all positions other than Dispatcher will include lifting patients and/or gear (125 lbs), operating medical or vehicle extrication equipment, and transporting patients and/or gear over rough terrain or up and down stairs.

1. Do you have any physical or other limitations that would prevent you from performing required duties? YES / NO
2. Do you take any prescription medication that would affect your ability to perform required duties? YES / NO

\*\*Your answers to these questions will not necessarily disqualify you from being a MRVAS member.

**EMERGENCY MEDICAL EXPERIENCE/CERTIFICATION**

EMR  EMT  AEMT  Paramedic  OEC/National Ski Patrol  Wilderness First Responder (WFR)  
 CPR for Health Care Providers  Other CPR (e.g., Heartsaver)  Other: \_\_\_\_\_

I have read the statements and the answers to the above questions and hereby attest that they are complete and true to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

MRVAS SPONSOR (optional): \_\_\_\_\_

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Please include here or on a separate sheet any other information that you would like us to know about – occupation, other medical experience or interests, why you want to join MRVAS, etc.

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**Telephone Interview:** Made on \_\_\_\_\_ by \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In-Person Interview:** Conducted on \_\_\_\_\_ by \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References contacted:**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Training Committee Disposition:**

\_\_\_ Accept \_\_\_ Reject \_\_\_ Other: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_