



TOWN OF VERNON FIRE DEPARTMENT

P. O. BOX 54
VERNON, CONNECTICUT 06066

APPLICATION FOR PAID STAFF AMBULANCE

NAME _____ DATE _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMT CERTIFICATION # _____ EXP. DATE _____ DEFIB CERTIFIED YES / NO _____

EPI PEN CERTIFIED YES / NO _____ CT. DRIVERS LICENSE # _____

ARE YOU A MEMBER OF VERNON FIRE DEPARTMENT? YES NO
COMPANY ASSIGNMENT _____

QUALIFIED TO DRIVE TOWN OF VERNON AMBULANCES YES NO

E.M.S. EXPERIENCE

DAY AND HOURS AVAILABLE _____

SIGNATURE: _____ -