



St. John Ambulance Saint-Jean

St. John Ambulance Volunteer Application Form

Confidential

Please Print:

Full Name: _____

Address: _____ **Postal Code** _____

Home Phone: _____ **Bus./Cell Phone** _____

Email Address: _____

Present Employer or School: _____

Present Occupation: _____

Language(s) _____
Spoken Written Sign Language

Category of Membership Sought: Please check appropriate boxes

- Junior (ages 8-10)
- Cadet (ages 11-15)
- Crusader (ages 16-20)
- Patient Care (ages 18+)
- Car Seat Safety
- Therapy Dog Member

Have you ever been denied membership in, or had membership involuntarily terminated with St. John Ambulance or any other voluntary community service organization?

Yes No

First Aid Certification:	Class No.	Organization	Date
<input type="checkbox"/> Emergency			
<input type="checkbox"/> Standard			
<input type="checkbox"/> Medical First Responder			
<input type="checkbox"/> Advanced Medical First Responder			
<input type="checkbox"/> Instructor			

C.P.R. Certification	Class No.	Organization	Date
<input type="checkbox"/> Heart Saver/ Level "A"			
<input type="checkbox"/> Basic Rescuer/ Level "C"			
<input type="checkbox"/> Instructor			

Professional Qualifications Please Circle: M.D. R.N. R.P.N.. A.E.M.C.A PCP ACP CCP E.M.T.

Lic./Cert. No. Province

Present or Previous Membership(s) in St. John Ambulance or other Volunteer Experience

Organization	Location	When	Task(s)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

A. Application for 18 years of age and older

References: (Include at least one contact who has known you for two or more years.)

Name	Address	Postal Code	Telephone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I understand that St. John Ambulance is required to carry out a reference and other verification check to determine my suitability as a member. Accordingly, I declare:

(Please initial each statement)

- _____ I hereby declare that the above information is true and complete to the best of my knowledge.
- _____ I understand that a false statement may disqualify me from membership, or cause dismissal.
- _____ I acknowledge and agree that information received by St. John Ambulance from my reference sponsors, will be held in strict confidence for the sole purpose of determining my membership eligibility. I further waive any rights conferred under any Freedom/Access of Information statute with respect to viewing or obtaining copies of any reference form in my file.
- _____ I certify that I have not been convicted of a crime for which a pardon has not been granted and
- _____ I consent to undergo a police records check as part of the selection process.
- _____ I understand that if a valid first aid certificate is required for the level of membership I am seeking, that proof thereof will be required before my application is approved.
- _____ I acknowledge that any uniform, official material, or identification issued to me by St. John Ambulance remains the property of the organization, and must be returned upon my resignation, termination, transfer or on demand.

For membership in Patient Care Services only (18+years old):

- _____ I understand that if a valid first aid certificate is required for the level of membership I am seeking, proof will be required before my application is approved.
- _____ I understand that as a patient care provider, I may be called upon from time to time to provide assistance to persons who have suffered physical injury or illness that may be contagious. I am not aware of any personal sensitivity or condition that would prevent me from carrying out my functions, including offering patient care to persons who have suffered physical injury or illness.

I understand and agree to abide by the membership requirements of St. John Ambulance. I am unaware of any reason why I would not be a suitable member.

Signature of Applicant _____
Date

I have provided all necessary information to the applicant and believe the applicant understands all membership requirements.

Signature of Interviewer _____
Date

B. For Applications under 18 years of age

Applicants 16 – 17 years of age not residing with a parent or guardian may sign as adults age 18+.

I understand that St. John Ambulance is required to determine my suitability as a member.

Accordingly, I declare:

Please initial each statement and then sign your name:

_____ I hereby declare that the above information is true and complete to the best of my knowledge.

_____ I understand that failure to abide by the membership policies or other misconduct may disqualify the applicant from membership, or cause their dismissal.

_____ I acknowledge that any uniform, official material, or identification issued to me by St. John Ambulance remains the property of the organization, and must be returned upon my resignation, termination, transfer or on demand.

*I give permission for _____ to be a member of St. John
(name in full)*

Ambulance Youth Program and consent to him/her taking part in the program activities and events

Signature of Parent/Guardian

Date

I understand and agree to do my best as a member of St. John Ambulance.

Signature of Applicant (under 18 years of age)

Date

I have provided all necessary information to the applicant and their parent/guardian, and believe the applicant understands all membership requirements.

Signature of Interviewer

Date