

Application for Rural Volunteer Ambulance Driver

TYPE or PRINT in CAPITAL LETTERS. Both sections of this application are required to be completed unless otherwise noted. Any misrepresentation or omission may result in a denial of this application or revocation of Written Authorization as a Rural Volunteer Ambulance Driver. Written Authorization may be denied if you have a history of disciplinary action relating to a license, permit, designation, endorsement or certification in this or any other state.

Section I – APPLICANT INFORMATION

Last Name First Name Middle Name

List other names you have (e.g. alias, married/maiden, etc.) _____

Mailing Address Apt. # City State Zip

Home Address Apt. # City State Zip

() _____ () _____ _____ M / F
Mobile Phone Home Phone Date of Birth (Circle one)

Email Address: _____ DL# _____ Exp. _____

Section 2 – SIGNATURE AND DATE

I swear or affirm that all information on this application is true and correct. I agree and understand that any misstatements or omissions of material facts herein may cause forfeiture on my part of all rights for Written Authorization to be a Rural Volunteer Ambulance Driver by the Southern Nevada Health District. Yes No

I further attest to that I am aware that a Rural Volunteer Ambulance Driver is not licensed as an Attendant and is prohibited from acting as such. Yes No

Signature of Applicant: _____ Date: _____

Additional items required at time of application:

- Letter of intent to hire from a Rural Volunteer Ambulance Service
- Current healthcare provider level CPR card (both sides of card signed by the EMS provider)
- Copy of current, valid Nevada Class C driver's license (both sides of license)
- Documentation of successful completion of a Certified Emergency Vehicle Operations Course