

## 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                      Last 4-digits of SSN

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: \_\_\_\_\_

### **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: \_\_\_\_\_