



# Village Ambulance Service

## EMS Explorer Post 911

### Application for Acceptance

This application contains the following seven documents to be completed.

1. Personal Information
2. Criminal & School History
3. References
4. Authorization for Medical Treatment
5. Emergency Notifications
6. Release of Civil Liability
7. Statement of Confidentiality

Please complete and submit to:

VAS Explorer Post 911  
30 Water Street  
Williamstown, MA 01267

**The applicant and the applicant's parent or guardian (if the applicant is under eighteen years of age) must sign the pages for References, Authorization for Medical Treatment, Release of Civil Liability, Statement of Confidentiality, and Talent Release.**

#### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (MM- DD -YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Sex: M / F

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

School: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

### **CRIMINAL AND SCHOOL HISTORY**

Have you ever been suspended or expelled from any school? Yes / No

Yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever sold or consumed any illegal drugs: Yes / No

Yes, please explain in detail (what type of drug, how much was used, when was the last time the drug was used): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested **or** charged with ANY crime EVER? Yes / No

Yes, explain in detail (the charge, final court disposition, arresting police department, case number, and court case number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Please list three references, other than relatives, that you have known for at least two years. This is to determine your character, experience, personality, and other qualities.

Name #1: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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Name #2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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Name #3: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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I affirm that this application contains no misrepresentations, falsifications, omission, or concealment of material fact. I also affirm that the information given by me is true and complete to the best of my knowledge. I am aware that any falsifications will terminate my application for membership in the VAS EMS Explorers.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian if under 18: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## AUTHORIZATION FOR MEDICAL TREATMENT

I, \_\_\_\_\_ as the legal parent / guardian of \_\_\_\_\_ do hereby request Village Ambulance Service or the VAS EMS Explorers notify the following persons in the event of an illness, injury or emergency. If the listed persons cannot be reached or if the minor child listed above requires immediate medical treatment, I hereby request and authorize Village Ambulance Service or the VAS EMS Explorers to seek immediate medical treatment and to transport or seek transportation by ambulance if necessary, of said minor child to a medical facility for any treatment deemed to be medically necessary for the health, safety, or welfare of the child. I hereby agree to indemnify, save and hold harmless Village Ambulance Service or the VAS EMS Explorers, agents or assignees from any and all rights, actions, claim, causes of action, suits, losses, damages, judgments, claims, cost, or expense of any kind as well as attorney's fees on appeal, which may result from or occur as a result of or in connection with the participation of the previously listed child in any program sponsored by or promoted by the Village Ambulance Service or the VAS EMS Explorers. I additionally agree to be responsible for any cost associated with or resulting from said medical treatment and transportation.

## EMERGENCY NOTIFICATIONS

Name #1: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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Name #2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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Name #3: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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Local Hospital Preference: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current or Required Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### **RELEASE OF CIVIL LIABILITY**

In considerations of the privileges being granted to \_\_\_\_\_ by Village Ambulance Service or the VAS EMS Explorers to use the facilities in the Village Ambulance Service buildings and benefit from participation in the VAS EMS Explorers. I hereby assume all risk of personal injury, death, and property damage or loss from whatever causes arises while the above named child is approaching, entering, using, leaving, or being about any property of Village Ambulance Service or the VAS EMS Explorers. While using, intending to use or being granted this privilege, including but not limited to being transported from or to any off campus site location while participating in this program, I release the Village Ambulance Service or the VAS EMS Explorers, its officers, employees, agents, assignees and servants from any liability, or contribution to such liability, while using these privileges. I further indemnify and hold harmless Village Ambulance Service or the VAS EMS Explorers, and their employees, assignees, agents from and against any and all damages, suits, claims, personal injury, including death, attorney's fees and attorney's fees on appeal.

It is further understood and agreed by me that Village Ambulance Service or the VAS EMS Explorers may revoke this privilege at any time.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian if under 18: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**STATEMENT OF CONFIDENTIALITY**

Massachusetts Statues prohibit the unauthorized disclosure of information from particular medical records. I understand that the unauthorized disclosure of this or other protected information could lead to my dismissal from the VAS EMS Explorers program and/or possible criminal penalties. As an Explorer for the VAS EMS Explorers program, I understand that I will be held accountable under law for the disclosure of any and all information related to EMS matters or confidential cases. I further understand that I will not release any information obtained as a result of my participation in the VAS EMS Explorers unless specifically authorized in advanced by a representative of the Village Ambulance Service. I further understand that as an Explorer, I shall not represent myself as an Emergency Medical Technician, take any action that might lead a reasonable person to believe that I am an Emergency Medical Technician, or take any job related action not specifically authorized or requested by a member of Village Ambulance Service. I fully understand that such actions may lead to criminal prosecution for unauthorized display of EMS insignia and/or impersonating an EMT.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian if under 18: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_