



VOLUNTEER APPLICATION FORM

CONFIDENTIAL

Please Print

Name		Last	First	Middle Names
Address		City		Province
Res. Telephone		Present Employer / School		
Bus. Telephone				
Present Occupation				
Language(s)		Spoken	Written	Sign Language

Category of Membership Sought		Have you ever been denied membership in, or had membership involuntarily terminated with St. John Ambulance or any voluntary community service organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Junior (6-10 years old)	<input type="checkbox"/> Therapy Dog Member (18+ years old)	
<input type="checkbox"/> Cadet (11-15 years old)	<input type="checkbox"/> Administration	
<input type="checkbox"/> Crusader (16-20 years old)	<input type="checkbox"/> Auxiliary (18+ years old)	
<input type="checkbox"/> Adult Patient Care (18+ years old)	<input type="checkbox"/> Other _____	

First Aid Certification	Class No.	Organization	Date
<input type="checkbox"/> Emergency			
<input type="checkbox"/> Standard			
<input type="checkbox"/> Advanced Level I			
<input type="checkbox"/> Advanced Level II			
<input type="checkbox"/> Instructor			

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

Professional Qualification	Lic./Cert. No	Province	Please circle	MD.	R.N.	R.N.A.	EM.CA.	EMA.	EMT.
Health Care			Class No.	Instructor					

Present or Previous Membership(s) in St. John or other Volunteer Experience			
Organization	Location	When	Task(s)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

A. FOR APPLICANTS 18 YEARS OF AGE AND OLDER

REFERENCES (Two must not be friends or relatives and one must know 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 references and other verification checks to determine my suitability as a member. Accordingly, I declare:

(PLEASE INITIAL EACH STATEMENT)

- _____ That the above information is true and complete to the best of my knowledge.
- _____ I understand that a false statement or failure to abide by the membership policies or other misconduct may disqualify me from membership, or cause my 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.
- _____ I consent to undergo a police records check as part of the selection process.
- _____ 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.

_____ **Date** _____

Signature of Applicant

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

_____ **Date** _____

Signature of Interviewer

B. FOR APPLICANTS 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 the suitability of all applicants. Accordingly, I declare that:

(PLEASE INITIAL EACH STATEMENT)

_____ The above information provided on this application 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 by St. John Ambulance remains the property of the organization, and must be returned upon resignation, termination, transfer, or on demand.

I give permission for _____
(name in full)

to be a member of the St. John Ambulance Youth Program and consent to him/her taking part in the program activities and events.

_____ **Date** _____
Signature of parent/guardian

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

_____ **Date** _____
Signature of Applicant (under 18 years of age)

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

_____ **Date** _____
Signature of Interviewer

