

REHOBOTH AMBULANCE COMMITTEE, INC.
P.O. BOX 156
REHOBOTH, MA 02769
(508) 252-3029

REHOA
\$

CORI REQUEST FORM

Rehoboth Ambulance Committee, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for Rehoboth Ambulance, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER *ID Theft Index PIN (Requested, not required) (if applicable) MOTHER'S MAIDEN NAME CURRENT AND FORMER ADDRESSES:

SEX: HEIGHT: ft. in. WEIGHT: EYE COLOR: STATE DRIVER'S LICENSE NUMBER:

(include state of issue) ***THE INFORMATION
WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED
PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.



APPLICATION FOR MEMBERSHIP

Rehoboth Ambulance Committee, Inc.

P.O. Box 156 Rehoboth, MA 02769

NAME _____

ADDRESS _____
 MAILING _____
 ADDRESS _____

HOME PHONE _____ OTHER PHONE _____ i.e.: pager, work.

DATE OF BIRTH _____ SOCIAL SECURITY # _____

Do you have a valid Driver's License? Yes No Are you currently a MA EMT? Yes No

What other Certifications do you hold? _____

Are you currently working as an EMT? Yes No Where? _____

If NO, entering school when? _____ Where? _____

<i>EDUCATION</i>	<i>Name and Address of School</i>	<i>Course of Study</i>	<i>Diploma/ Degree</i>
High School			
Other			
Other			

Please submit copies of the following,

- non EMT's - Driver's License
- EMT Basic - Driver's License, EMT card, CPR card
- EMT Intermediate - Driver's License, EMT card, CPR card
- EMT Paramedic - Driver's License, EMT card, CPR card, ACLS card, Region 5 Authorization to Practice.

Please list 3 references that we may contact.

Name	Address	Phone #	Relationship to you	How long?

I hereby certify that:

- a) I am free of any physical or mental impairment of disease which could reasonably be expected to impair my ability to be an attendant or operator of an ambulance or which could reasonably be expected to jeopardize the health and safety of the patient.
- b) I have not been convicted of any federal or state laws (felony or misdemeanor)
- c) If currently an EMT, my certification or privilege to practice as an EMT has never been revoked, suspended or otherwise restricted by any jurisdiction.

If any of the above statements are not true, please indicate which one by circling the appropriate letter and attaching a brief written explanation.

If at any time my driver's license becomes revoked or suspended I will notify the Chairman of Rehoboth Ambulance Committee, Inc. immediately.

I affirm that all materials submitted by me are correct, I understand that the use of false/incorrect statements or documents may be considered sufficient cause to deny or revoke membership to Rehoboth Ambulance Committee, Inc.

I authorize the Rehoboth Ambulance Committee, Inc. to contact such persons and agencies as may be necessary to verify this information.

Signature _____ Date _____

Do not write below this line.

For Rehoboth Ambulance Committee use only.

Date application received ____/____/____
 Date BOD reviewed this application ____/____/____
 BOD recommend this applicant? Yes No
 Explanation for No response:

Probationary start date ____/____/____
 Estimated date of Full Membership ____/____/____
 Explanation of delay of Full Membership: