



TOWN OF
BROOKLINE, NEW HAMPSHIRE
AMBULANCE SERVICE
3 POST OFFICE DRIVE
BROOKLINE, NH 03033



AMBULANCE ATTENDANT MEMBERSHIP INFORMATION

INITIAL AND ONGOING NATIONAL REGISTRY EMT TRAINING

1. Initial ~190 Hour Training Course & Practical Examination.
2. Annual CPR Refresher Training or Ongoing State Approved NCCP courses.
3. Continuing Education to meet National Requirements for Reregistration.
4. National Renewal and State Licensing every 2 years.

EMT SERVICE REQUIREMENTS

1. Sign 2 Year Initial Service Agreement for EMT training.
2. Ride as an Observer at beginning of membership.
3. Attend Monthly Training sessions (75% over Two years).
4. Cover at least one 12-hour Weeknight Duty Shift (Mon-Fri, 6p-6a) per week after licensed.
5. Cover at least one Weekend Duty Shift (24 hrs, 6a-6a Saturday or Sunday on rotation.
6. Complete Online Initial 24 Hour Hazmat Operational Course & 16 Hour NIMS Course.
7. Complete Online Bloodborne Pathogens Training and Orientation program.
8. Complete CEVO Driver Training and In House Driver Training and Orientation.
9. Successfully complete Pre-Employment Physical with Town medical provider.
10. Pass Driver & Criminal History Record Checks.

EMT BENEFITS PROVIDED BY THE SERVICE

1. Initial Training Course Fees paid. (Brookline Residents Only)
2. Local continuing education course fees paid as approved by the Ambulance Chief.
3. Pre-Employment physical, Hepatitis shot series, and flu shot costs paid.
4. Uniform Shirt, Jacket, Pants, Uniform Accessories provided.
5. Workers Compensation and Liability Insurance provided.
6. Pocket pager, Portable radio, and Medical Jumpkit provided.
7. Car Identification Plate provided.



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MEMBERSHIP APPLICATION
PERSONAL INFORMATION

Name: _____

Home Address: _____

Mailing Address: _____

E-mail Address: _____

Soc. Sec. Number: _____

Birthdate: _____

Phone/s: _____

Driver's Lic. #: _____ State: _____ Class: _____

Employer: _____ Job Title: _____

Employer Address: _____ Work Phone: _____

EMS and CPR CERTIFICATIONS
(If applicable submit copies of card/s or certificates)

NREMT Certification NREMT # _____ Level: _____ Exp. Date: _____

NH Provider License Level: EMR EMT AEMT Paramedic License #: _____

CPR Card: Expiration Date: _____

Other Certification: CPR Instructor CEVO Hazmat NIMS/ICS

PHYSICAL (Circle one)

Can you perform the functions of EMS work with or without accommodations?
Yes No



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PERSONAL REFERENCES (Non-family members)

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

LEGAL RECORD (SUBMIT NH RECORD RELEASE AUTHORIZATION FORM)

Have you been convicted of a crime in any court? NO YES (If yes, describe)

Have you ever had your license suspended or revoked? NO YES (If yes, describe)

Have you ever been involved as a part in a civil litigation? NO YES (If yes, describe)

DUTY SHIFT SCHEDULING

Available hours for duty (check usual availability)

- Weekdays (0800-1600 Hrs.)
- Weeknights (1800-0600 Hrs.)
- Weekend Days: (0600-1800 Hrs.)
- Weekend Nights: (1800-0600 Hrs.)
- Holiday Days: (0800-1600 Hrs.)
- Other Times: _____



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I understand that a pre-employment background check, a driver record check, and reference checks may be conducted by the Ambulance Chief based on the information I have provided on this application.

I hereby authorize these checks for the purpose of joining Brookline Ambulance Service.

I certify that all the information provided by me is true and accurate to the best of my knowledge.

Signature: _____ Date: _____



Received By: _____ Date: _____

Notes: