



Calvert Advanced Life Support, Inc.

55 Security Boulevard, Prince Frederick, MD 20678

(410) 535-0411 | www.calvertals.net

membership@calvertals.net

Membership Application

Please type or print in blue or black ink. All information submitted is subject to verification. Any false statements may result in disqualification for membership either now or at a later date.

Once your application is turned in, it will be reviewed and you will be contacted by the Membership Committee.

Type of Application: ☐ NEW ☐ REINSTATE ☐ TRANSFER ☐ OTHER
Type of Membership: ☐ ALS ☐ BLS ☐ ADMINISTRATIVE (NON-EMS PROVIDER)

Are you currently a Nationally Registered Paramedic? ☐ YES ☐ NO
Are you currently a MIEMSS licensed Paramedic? ☐ YES ☐ NO
Are you currently attending Paramedic School? ☐ YES ☐ NO
If you are an EMT are you interested in going to Paramedic School? ☐ YES ☐ NO

Today's Date: _____

Applicant Information

Full Name: _____
Last Name First Name Middle Name Suffix

Physical Address _____
Street Address Apartment / Unit #

City State Zip Code

Mailing Address _____
Street Address Apartment / Unit #
(if different) _____
City State Zip Code

Cell: _____ Email: _____
Home: _____ Work: _____

Date of Birth: _____ Your age today: _____

Social Security No.: _____

Emergency Contact Information

Name: _____ Relationship: _____

Cell: _____ Work: _____

Home: _____ Email: _____

Objective

Briefly tell us why you want to join CALS: (use back if more space is needed)

Fire-Rescue-EMS History

Have you ever applied to or volunteered for CALS? ☐ YES ☐ NO If YES, when?

Are you currently a member of another Fire Department or Rescue Squad in Calvert County, MD? YES ☐ NO ☐ If YES, complete below:

Department: _____ Dates: _____
Contact Name: _____ Rank: _____
Email: _____ Phone: _____

Have you ever been a member of another Fire Department or Rescue Squad outside of Calvert County, MD (paid or volunteer)? YES ☐ NO ☐ If YES, complete below:

Department: _____ Dates: _____
Contact Name: _____ Rank: _____
Email: _____ Phone: _____

Department: _____ Dates: _____
Contact Name: _____ Rank: _____
Email: _____ Phone: _____

Department: _____ Dates: _____
Contact Name: _____ Rank: _____
Email: _____ Phone: _____

Has your employment or voluntary service in any Fire Department or Rescue Squad been terminated for any reason other than retirement or VOLUNTARY resignations? YES ☐ NO ☐ If YES explain:

Driving License

Do you possess a valid driving license? YES ☐ NO ☐ License Number? _____ Class: _____
State Issued: _____

Have you ever been convicted or posted collateral / bail for any traffic violation? YES ☐ NO ☐ If YES, list all such offenses with date, place and action taken:

Criminal History

Have you ever been convicted of a misdemeanor or been under charge for one? YES ☐ NO ☐ If YES, charge, date, location & disposition:

Have you ever been convicted of a felony or been under charge for one? YES ☐ NO ☐ If YES, charge, date, location & disposition:

Note: A conviction will not automatically exclude you from becoming a member. The nature of the conviction and date it occurred is important. Please provide all the facts so that a decision can be made.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you Graduate? YES ☐ NO ☐ Degree: _____

Fire-Rescue-EMS Training & Coursework Completed

Please attach copies of any certifications and / or transcripts

Course Name	School	Date of Issue	Expiration Date

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three (3) references other than previously listed past employers.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Disclaimer and Signature

In submitting this application for membership to Calvert Advanced Life Support, Inc., hereinafter referred to as "CALS", I authorize investigation of all statements contained therein. I hereby authorize CALS to make any contacts considered necessary by CALS for me to become a member, such as previous employers, educational institutions, medical facilities and practitioners, criminal records, etc. I hereby authorize any and all persons or organizations whose names I have given as a Character reference or by whom I have been previously employed and any educational institutions, which I stated I attended, to furnish CALS any information, they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damage or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application or for separation from CALS as a member at any time.

I understand that this application is the property of CALS and will become part of my permanent personnel file. Driving record checks may be required. This will also depend on the insurance company's requirements. I hereby authorize CALS to obtain a complete driving history.

I understand that there is a non-refundable application fee as determined by CALS.

POLICY STATEMENT: CALS is an equal opportunity organization and shall not discriminate against any member or applicant for membership because of age, sex, sexual orientation, marital status, national origin, religion, race, or physical or mental handicap unrelated to the performance of the job, or any other prohibited reason. The Membership Committee will select successful applicants after a full review of this application and additional information developed during background checks. Applicants may be disqualified for criminal conduct or false statements.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS.

Applicant Signature: _____ DATE: _____