

**HIGHLAND RESCUE TEAM AMBULANCE DISTRICT
MEMBERSHIP APPLICATION**

317 S. Lookout Mtn. Road, Golden, CO 80401 (303) 526-9571

Hobbies and Interests: _____

 Why do you want to join HRT? _____

LICENSES/CERTIFICATIONS
Please check all applicable boxes – legible copies of all certifications must be included with application

CERTIFICATION/LICENSE	EXP DATE	SCHOOL DATE GRAD	GPA	Official Use Only
CPR/BLS For Healthcare Provider				
First Responder Certifying Authority:				
EMT-Basic IV Approved (circle one): YES NO EKG Approved (circle one): YES NO				
EMT-Intermediate				
EMT-Paramedic				
ACLS Certification				
PALS Certification				
PHTLS/BTLS				
Other Certifications:				

EMERGENCY VEHICLE DRIVER TRAINING

Emergency Vehicle Operator Certification (Circle One): YES NO

Certifying Authority: _____ Date of Completion: _____

Please *include copy of course completion certificate.*

Highland Rescue Ambulance District does not discriminate on the basis of race, age, gender, religion or national origin.

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Employer Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Dates of Employment: From _____ to _____		
Supervisor Name: _____		Title: _____
Duties: _____		
Reason for leaving: _____		
May we contact this employer?	YES	NO

Employer Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Dates of Employment: From _____ to _____		
Supervisor Name: _____		Title: _____
Duties: _____		
Reason for leaving: _____		
May we contact this employer?	YES	NO

REFERENCES
Please provide three personal references whom you have known for greater than one year
***EXCLUDING* relatives.**

Name: _____		Phone: _____	
Relationship: _____		# Years Known: _____	
Name: _____		Phone: _____	
Relationship: _____		# Years Known: _____	
Name: _____		Phone: _____	
Relationship: _____		# Years Known: _____	

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SIGNATURE

I attest that the information contained in this application is true and correct to the best of my knowledge. I also understand that if any information is knowingly falsified, it may be grounds for denial of membership or termination of membership. I also hereby give my consent for a general background check to include a motor vehicle report and criminal background check.

Signature: _____ Date: _____

HRTAD USE ONLY

Recd: _____

App: _____ Date: _____

Disapp: _____ Date: _____

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