



# Town of Madison

2120 Fish Hatchery Road, Madison, Wisconsin 53713-1289  
Fire Department: (608) 210-7261  
Fax: (608) 210-7235



## EMS Volunteer Application form

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Are you at least 18 years of age or older? \_\_\_\_ Yes \_\_\_\_ No

Do you have a valid Driver's License? \_\_\_\_ Yes \_\_\_\_ No

If so what State and # \_\_\_\_\_

Please state in the space provided below why you are interested in working with the town of Madison and Blooming Grove Fire Departments-Fire Based EMS Collaboration:

Have you even been convicted of a crime? \_\_\_\_\_ If yes, please give date(s) of conviction(s), Jurisdiction(s), and a brief explanation of the charge(s):

\_\_\_\_\_  
\_\_\_\_\_

Please list Three references (name, address, relationship):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please send a copy of your resume along with the completed application.\*\***

I authorize investigation of all statements contained in this application for employment and a background check as may be necessary in arriving at an employment decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In case of an emergency, Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_