



Akron-Princeville Ambulance

319 E. Main Street
PO Box 21
Princeville, IL 61559

Phone: (309) 385-4417
Fax: (309) 385-4417
www.princevilleambulance.org

Application for Volunteer Membership

Date: _____

Name: _____

Phone: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____ Date of Birth: _____ Age: _____

Education:

High School Attended: _____ Year Graduated: _____

College Attended: _____ Year Graduated: _____

Previous Medical Training:

Course/Curriculum: _____ Date Attended: _____

Course/Curriculum: _____ Date Attended: _____

Course/Curriculum: _____ Date Attended: _____

Occupation:

Present Occupation: _____ Employer: _____

Availability:

Circle the following time slots which you may be able to be available for call. This is not a formal commitment but helps us in future planning.

Monday 6AM – 6PM
Tuesday 6AM – 6PM
Wednesday 6AM – 6PM
Thursday 6AM – 6PM
Friday 6AM – 6PM
Saturday 6AM – 6PM
Sunday 6AM – 6PM

Monday 6PM – 6AM
Tuesday 6PM – 6AM
Wednesday 6PM – 6AM
Thursday 6PM – 6AM
Friday 6PM – 6AM
Saturday 6PM – 6AM
Sunday 6PM – 6AM



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Getting to Know You:

Please answer the following questions to the best of your ability. Use the back of this sheet if necessary. Please circle yes or no to all questions.

- 1) YES or NO Would you be willing to take the EMT (Emergency Medical Technician) – Basic Course to become licensed as an Illinois State EMT-Basic?
If no (which is okay), please explain on the back of this page.
- 2) YES or NO Have you ever received any type of traffic violation such as a warning, ticket or citation?
If yes, please explain on the back of this page.
- 3) YES or NO Would you be willing to serve a specified duty schedule including the hours listed on the first page of the application?
If no, please explain on the back of this page.
- 4) YES or NO Have you ever had problems getting along with other?
If yes, please explain on the back of this page.
- 5) YES or NO Do you have any physical restrictions that would prevent you from lifting, bending, moving about rough terrain as would be the job of an active emergency response team member?
If yes, please explain on the back of this page.
- 6) YES or NO Would you be willing to leave your family for 2 or 3 hours on holidays or special occasions to transport a patient to the hospital?
If yes, please explain on the back of this page.
- 7) YES or NO Would transportation to the station ever be a problem?
If yes, please explain on the back of this page.
- 8) YES or NO Do such things as the sight of trauma, illness, or high stress situations affect you physically?
If yes, please explain on the back of this page.
- 9) YES or NO Do you find it hard to handle an emotionally charged situation?
If yes, please explain on the back of this page.
- 10) YES or NO Do you find it hard to accept creative criticism from peers?
If yes, please explain on the back of this page.

