

**NILE TOWNSHIP EMERGENCY SERVICES  
P.O. BOX 100  
FRIENDSHIP, OH 45630  
740-858-4776**

**VOLUNTEER APPLICATION**

Received Date: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_ Approved Date: \_\_\_\_\_ Denied Date: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Ohio DL# \_\_\_\_\_

Next of Kin \_\_\_\_\_ National Certification # \_\_\_\_\_  
Address \_\_\_\_\_ Ohio Certification # \_\_\_\_\_  
\_\_\_\_\_ Social Security # \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Education:**

High School/GED \_\_\_\_\_ Graduation/Completion Date \_\_\_\_\_  
College \_\_\_\_\_ Degree \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

**Certification:**

Name \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Employment:** (Most recent listed first including volunteer service)

Employer	Begin/End Date	Reason for leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

**References:**

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Agreement:**

I, \_\_\_\_\_, understand and accept the following conditions and requirement:

1. I will submit to a physical exam and drug test to be performed by Brown Medical Services, Wheelersburg, Ohio.
2. I will abide by the rules, regulations and procedures of the Nile Township EMS and the Nile Township Trustees.
3. I give permission for Nile Township to obtain a driver's abstract from the Bureau of Motor Vehicles.
4. I give permission for Nile Township to check my previous employers and references.
5. I understand there is no procedure for disagreement if the application is denied.
6. I understand that disclosure of the information requested on this application is voluntary however, I understand the information is necessary to determine my qualifications and failure to furnish it may result in a denial of my application.
7. I understand that any information provided on this application is private and confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date