



**PLEASE STATE REASON FOR APPLICATION TO SERVE ON THE ENNIS  
AMBULANCE SERVICE.** \_\_\_\_\_

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**PLEASE LIST ANY ADDITIONAL TRAINING YOU HAVE RECEIVED WHICH  
WOULD HELP YOU IN A POSITION WITH THIS SERVICE.**

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**ENNIS AMBULANCE SERVICE MAY DO A BACK GROUND CHECK.**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPROVED BY MEMBERSHIP  
DATE:** \_\_\_\_\_

\_\_\_\_\_  
**MANAGER**

**APPROVED BY MEDICAL DIRECTOR  
DATE:** \_\_\_\_\_

\_\_\_\_\_  
**MEDICAL DIRECTOR**