



THE
**EASTON VOLUNTEER
 EMERGENCY MEDICAL SERVICE, INC.**
 P.O. BOX 62 • EASTON, CONNECTICUT 06612 • 203.452.9595 • www.eastonems.com

APPLICANT'S ATTESTATION

Please read the following statement and sign in the presence of a Notary Public:

I hereby certify that I have not been convicted of a crime involving moral turpitude (e.g., fraud, perjury, tax evasion, theft, embezzlement, solicitation, etc.) within the last three (3) years, nor am I currently addicted to alcohol or drugs either prescription or illicit.

My signature below acknowledges that, upon acceptance of my application, I shall be provided with the policy and procedures manual for Easton Volunteer Emergency Medical Service (EVEMS). I understand that I am responsible for the comprehension of and adherence to the contents of this manual and that failure to adhere to its policies and procedures may result in discipline and/or dismissal.

I declare that the statements made within this application are true and correct to the best of my knowledge. I realize that falsification of any information on this application is grounds for disqualification now or at any time thereafter.

I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for discipline and/or dismissal from EVEMS now or at any time thereafter.

 Signature of Applicant _____
 Date

 Signature of Parent (if applicant is < 18 years old) _____
 Date

STATE OF CONNECTICUT

County of: _____ ss: _____

On this the _____ day of _____, _____, before me, the applicant,
 _____, personally, appeared before me, and proved to me
 through satisfactory evidence of identification, which were _____ to be
 the person whose name is listed above on this document in my presence.

In witness whereof I hereunto set my hand.

 Signature of Notary Public _____
 Date Commission Expires