



# StoweEMS

P.O. Box 730 Stowe, VT 05672

Thank you for your interest in joining Stowe EMS!

To become a member of our organization either as a volunteer or paid Per-Diem, you are required to have a National Registry of EMT's (NREMT) Certification of EMR, EMT, AEMT, or Paramedic. To become a national certified EMS provider please visit the following website for more information: [www.nremt.org/rwd/public](http://www.nremt.org/rwd/public).

Once you've gained your national certification, please complete an application and attach a resume, this should be either delivered to our station—Stowe Public Safety Facility, 350 South Main Street, Stowe, VT 05672 Attention EMS Chief, mailed to: Stowe EMS, P.O. Box 730, Stowe, VT 05672, or emailed to EMS Chief Scott Brinkman: [sbrinkman@stowevt.gov](mailto:sbrinkman@stowevt.gov). When your application is received you will be contacted by either the EMS Chief or a designee and a time will be arranged for you to come by the station and have an interview.

Following your interview, you will be required to setup an appointment for credentialing. Credentialing is a process of verifying competency of an individual's skill and knowledge as it relates to their certification. This is accomplished through a skills-based assessment, a cognitive assessment, and a simulated scenario.

Once you have completed both the interview and the credentialing process, the EMS Chief will reach out to you and determine if a follow-up interview is needed. If no follow up is needed, you will be directed to the Stowe Town Hall to complete additional on-boarding paperwork; this part of the process begins background checks. Following all background checks and associated on-boarding paperwork, the EMS Chief will reach out to inform you of your status.

Thank you again for your interest in joining our organization.

Sincerely,

Scott Brinkman  
EMS Chief



Department of Emergency Medical Services  
P.O. Box 730                      350 South Main Street                      Stowe, Vermont 05672  
Phone 802.253.9060                      FAX 802.253.2927



# *Application Packet*

*Town of Stowe*

*Department of Emergency Medical Services  
Serving the Community Since 1975*



## *Dear Applicant,*

We are very pleased that you are considering applying to volunteer with Stowe EMS. Volunteering as a patient care provider with Stowe EMS is probably very different from any volunteering you have ever done. Working as a patient care provider with Stowe EMS takes a significant amount of time, requires uncommon dedication, and can involve significant emotional stress. We urge you to consider your involvement very carefully. However, with great dedication to a common goal, and working under the stresses sometimes encountered many find a satisfaction in serving others that is not easily matched in other aspects of life.

Applicants for volunteer positions that are *not* currently licensed in the State of Vermont are required to obtain a National Registry Certification at the Emergency Medical Responder (EMR) level or higher, and a corresponding licensure from the State prior to beginning orientation to the service (or presently be enrolled in an educational program leading to these certifications).

We recommend that part of your consideration of Stowe EMS include a visit to our station (this can be when dropping off your application). Please reach out and make an appointment to stop by, meet our members, look at our medical and rescue equipment, and explore our fleet and facilities. You can learn about the history of our organization by visiting the website of The Town of Stowe Departments of Public Safety ([dps.stowevt.gov](http://dps.stowevt.gov)) and click on the EMS portion.

Please do not hesitate to call or e-mail if we can be of any assistance to you with your application. Thank you for your interest in Stowe EMS. We look forward to receiving your application, meeting you, and potentially working together.

*Sincerely,*

*Scott Brinkman*

Scott Brinkman  
Chief of Emergency Medical Services  
[sbrinkman@stowevt.gov](mailto:sbrinkman@stowevt.gov)  
(802) 253-9060 xt. 2139



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P.O. Box 291 Stowe, VT 05672

## *Application Information and Checklist*

### **APPLICANTS TO STOWE EMS MUST**

- ✓ Submit a fully completed and signed application. A completed application includes all supporting materials listed below. Incomplete applications will not be considered.
- ✓ Include with the application a signed "Consent to Release Information".
- ✓ Present a photocopy of your:
  1. VT driver's license
  2. NREMT certification, VT State EMS License
  3. CPR card
- ✓ Submit your application via U.S. Mail or in person at our station at 350 South Main Street, if dropping off in-person, it can be left with the Stowe Police Department.

### **PLEASE CONSIDER BEFORE APPLYING**

- ✓ Are you able to meet the time commitment?
- ✓ Are you at least 18 years old? If not, this does not exclude you from membership, but please contact us.
- ✓ Are you immediately available to begin the interview, credentialing, and membership on-boarding process?
- ✓ Drivers of emergency vehicles need to be over the age of 21 and have at least 5 years experience as a licensed driver in varying weather conditions.

### **Correspondence Address**

Stowe EMS  
Chief of EMS • P.O. Box 730 • Stowe, Vermont 05672  
sbrinkman@stowevt.gov

Phone: +1(802) 253.9060 Fax: +1(802) 253.2927



## Typical Membership Process

- ✓ Submit a fully completed application.
- ✓ Attend an interview with the EMS Chief or a designee.
- ✓ Successfully complete credentialing.
- ✓ Once Interview and credentialing are completed, and background checks are completed, begin the onboarding/orientation process.

The EMS Chief, or a designee, evaluates your application and works with you during the application process. Through the credentialing and onboarding process you will work with the Training Officer as well as other paid staff and volunteers. Your progress will be reviewed on a regular basis. Meetings will be held at the station at 350 South Main Street at dates and times that will be arranged with you. Your primary contact for the application process is the EMS Chief.

## Application Form

Whether dropped off or mailed, your application should be in a sealed envelope. Your application should be fully completed when submitted. Your references should be notified, by you, to expect a phone call from the EMS Chief.

## References

References are chosen by you and provided to the EMS Chief on your application. These should be people that are familiar with you, with your capabilities, your work ethic. References from previous work environments are desired, they can also include instructors, educators, etc. Family and friends should be used as last resort for references.



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## EMS CERTIFICATIONS *(a copy of all certifications must be attached)*

TYPE OF CERTIFICATION HELD: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

VERMONT CERTIFICATION NUMBER: \_\_\_\_\_ NATIONAL REGISTRY NUMBER: \_\_\_\_\_

PROFESSIONAL MEMBERSHIPS: \_\_\_\_\_

PLEASE LIST ANY EMS/RESCUE/FIRE RELATED SKILLS, CERTIFICATION, OR PROFESSIONAL MEMBERSHIPS THAT YOU HAVE:

\_\_\_\_\_

*You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.*

**HAVE YOU EVER BEEN AN APPLICANT TO OR MEMBER OF ANY FIRE OR RESCUE AGENCY? \_\_\_\_ YES \_\_\_\_ NO**

IF SO, PLEASE STATE AGENCY NAME(S), LOCATION(S), AND DATE(S) OF APPLICATION AND/OR MEMBERSHIP:

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



## APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the enclosed application are true and complete to the best of my knowledge. I authorize Stowe EMS, and its Officers to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers and past employers, and current or former fire and rescue agencies, and to rely on and use such information as they see fit. I hereby release Stowe EMS, its Officers, Directors, and assigns from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of Stowe EMS.

**I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on the application, regardless of time of discovery, shall be considered sufficient basis for dismissal.**

I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the guidelines, rules, and regulations of the Stowe EMS. I further understand, however, that **neither the guidelines, rules, regulations of membership nor anything said during the application and interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and is at-will and that either I or Stowe EMS may terminate my membership at any time with or without notice or cause.**

I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by Stowe EMS.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**This application is valid for 90 days from the date received. If not acted upon within 90 days you must submit an updated application.**



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## INTERVIEW SHEET FOR APPLICANT *(things you might be asked in the interview)*

Name of Applicant: \_\_\_\_\_ Date of interview: \_\_\_\_\_

Why do you want to volunteer for this organization?

How do you integrate in a team?

What do you bring our team?

What do you expect from our team?

## CLEARANCE FOR APPLICANT TO BEGIN ORIENTATION PERIOD

This applicant has cleared appropriate initial requirements to be a member in orientation; additional background checks are required, the results of which may prohibit the completion of the orientation period. The orientation period is not a pre-determined or specific amount of time; it is based upon the applicant's participation and demonstration of skill/familiarity with operations. Members on orientation are not issued Red-Light permits for response to the station; they are to proceed to calls only by normal "flow of traffic."

\_\_\_\_\_  
Signature, EMS Chief, or designee

\_\_\_\_\_  
Date



**TOWN OF STOWE, VERMONT**  
**DEPARTMENT OF EMERGENCY MEDICAL SERVICES**  
 Application for Employment (Per Diem, Full-Time Staff)



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available								Desired Salary				
Position Applied for		Per Diem <input type="checkbox"/>		Full Time <input type="checkbox"/>								
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Do you have any relatives working for this municipality?			YES <input type="checkbox"/>		NO <input type="checkbox"/>							
EDUCATION												
High School			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES												
<i>Please list three references that are familiar with your work in this field.</i>												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

The Town of Stowe is an equal opportunity employer. It is the policy of this Municipality to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status or other status protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status or other protected status under federal or state law.



# Town of Stowe

## Department of EMS



### Consent to Release Information

I consent to the disclosure and release to the Town of Stowe any information about me in the possession of any former employers or other references I have given to the Town of Stowe, whether such information is favorable or unfavorable.

Applicant's Signature

Date

Print Name