Application
Volunteer Explorer Program

We appreciate your interest in the San Luis Ambulance (SLA) Volunteer Explorer Program. A clear understanding of your background and work history would be helpful. It is our policy to provide Equal Opportunities to all qualified persons concerning race, color, religion, gender and expression identity, pregnancy, sex, national origin, ancestry, citizenship, sexual orientation, gender identity, marital or veteran status, physical or mental disability, medical condition, age, genetics or any other legally protected by federal, state or local laws.

This is a voluntary program and you must be under the age 21.

Personal Information (For Volunteer Explorer Program Only) Date of Birth _____

NOTE: This program is open to individuals ages 15 ½ to 21 years old. This information will be kept confidential and used solely to confirm eligibility for participation in this volunteer program.

Completed applications are accepted and held for one year. It is your responsibility to keep your information current and inform explorers@sla.md . If you should have any questions regarding the application process, please contact our Human Resources Department at 805-543-2626.

Download the application online at www.sla.md, under the Explorer Program.

Application Form

We are an Equal Opportunity employer. This application is valid for one year

Instructions (Please Read): Please read carefully, write clearly, and answer all questions completely. Only candidates who fully complete all sections of this application will be considered, although responding to any questions marked as being *voluntary* is optional. Not all applicants will be interviewed; only those interviewed will receive a response. If you require any accommodation(s), please request them through the Explorer Advisor at explorers@sla.md.

1 Personal Information

Name: _____ Date: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Primary Phone #: _____ Alternate Phone #: _____ Email Address: _____

2 Position

Hours available: _____

What days of the week are you available as a volunteer?

_____

_____

3 Employment History

Instructions (Please Read): List most recent employer first. Account for all occupied and unoccupied time during the past two years. Attach extra pages if necessary. It is unacceptable to put only "see resume" in any section. If currently employed, state why you are seeking other employment under "reason for leaving". (Attach a separate page for additional employment history, if necessary).

Dates of Employment ____/___ to ___/___ (Mo./Yr.) (Mo./Yr.)	Name, Address and Current Phone Number of Employer: _____ _____		
Name of Supervisor:	Title of Supervisor:		Telephone Extension:
Job Title:			May we contact? □Yes □ No
Duties:			
Reason For Leaving:			
Dates of Employment ____/___ to ___/___ (Mo./Yr.) (Mo./Yr.)	Name, Address and Current Phone Number of Employer: _____ _____		
Name of Supervisor:	Title of Supervisor:		Telephone Extension:
Job Title:			May we contact? □Yes □ No
Duties:			
Reason For Leaving:			

4 Education (please include a copy of your most recent report card)

High School:	
Name of School:	
Location of School (City & State):	Cumulative GPA
Completion Status (check one): □ Graduated □ GED □ Did not graduate yet	

5 Languages

Other than English, in what languages are you proficient? Language: _____ Check all that apply: □Speak □Read □Write

6 Extra Curricular Activities

Name of Group or Organization		Title of Position
Time Involved	From: To:	Advisor and contact number

7 Personal

Do you have a valid Driver's License? □Yes □No If Yes, from what state:
List names of any relatives or acquaintances ever employed by our Company:
List any professional organizations to which you belong (you may omit anything that would be indicated as a protected class):

8 References (You MUST provide at least 2 references. Do not provide a relative, current SLA employee or former employer)

Work or Personal	Name:	Occupation:	Phone:	Email:

9 Additional Questions

What experience, qualities, or traits do you feel would make you especially suited to be an Explorer for SLA? (Attach a separate page, if necessary).

_____

_____

What are your future goals, including secondary education? (Attach a separate page, if necessary).

_____

_____

10 General Information

Instructions (Please Read): By initialing each paragraph, I am indicating that I have fully read and understand the paragraph. By signing below, I am agreeing to all the following:
READ & INITIAL

___ 10.1 All applicants applying for an explorer voluntary position with SLA are conditioned upon successfully completing the interview process.

___ 10.2 I understand that misrepresentation or omission of any facts called for herein, and receipt of unsatisfactory references, will be sufficient cause for disqualification for this voluntary position.

_____ _____

Volunteer Signature Date Completed

The Explorer Program is a volunteer training initiative sponsored through the Boy Scouts of America to provide youth with exposure to Emergency Medical Services. We collect age-related information solely to determine eligibility for participants, as the program is restricted to individuals between the ages of 15 ½ to age 21. This information will not be used for any employment-related decisions and will be stored securely and confidentially in compliance with applicable privacy and youth protection laws.