



This application form is for leaders of volunteer ambulance agencies. It is imperative that your entire leadership is aligned to put in the time and the work.

**Please fill out the information to the best of your ability and return by email to:
mtirschwell@emsaccess.org**

If your application is accepted, we will request the documents listed below at least four weeks before our first meeting. You may not have some of these documents. That's okay.

- Three years of balance sheets, income statements (P+L)
- A list of all bank and credit card accounts (no account numbers)
- A list of all investment accounts or accounts that provide some interest or dividend.
- A list of each signer, and anyone who has access to view the accounts at any time.
- A list of all your physical assets over \$5000.
- Current by-laws and SOPs.
- Any documents demonstrating processes and procedures.
- Any documents defining roles and responsibilities.
- An organization hierarchy chart
- Any outreach information
- Any marketing efforts



SUMMARY SHEET FORM

Legal Name of Organization:

DBA (if applicable):

Mailing Address (and Physical Address if it is different and not confidential):

Phone:

Fax:

EIN:

Website:

Organization Email Address:

Name of CEO or Executive Director:

Phone:

Email:

Application Contact & Title (if *not* the CEO or Executive Director):

Phone:

Email:

Organization Information

Year Founded:

Mission Statement:



EMSACCESS

Geographic Area Served:

Tax Exemption Status:

- 501(c)(3)
- Other than 501(c)(3), describe:

Please identify your top three challenges.

Number of paid Employees: Full-time:

Part-time:

Number of total volunteers:

Number of active EMTs/medics/drivers

Is your agency the primary response for your area? (Y/N)

Financial Information

Budget for Fiscal Year Ending: _____

Income:

Expenses:

Grants:

Do you invoice for services (Y/N):