

MEMBERSHIP FORM



PRIVACY NOTICE - It is the Department's usual practice to disclose some or all of this information to authorised officers of the Department and within government to carry out their functions relating to volunteers.

Local Ambulance Committee

Community Partnership

Local Ambulance Committee name

Nominee name *(please type / print in capital letters)*

I, the above named Nominee, state that I am an eligible person, as specified by the *Ambulance Service Act 1991*, to hold membership of a Local Ambulance Committee.

I declare I am a person who is:

- 1) either a permanent resident of Queensland and of the area serviced by the existing or proposed Local Ambulance Committee or
- 2) a permanent resident of Queensland who works in the area serviced by the Local Ambulance committee and
- 3) aged 18 years or older.

I declare I am not a person who:

- 4) is an employee of Queensland Ambulance Service (QAS)
- 5) is less than 18 years of age
- 6) is an undischarged bankrupt or a person taking advantage of the current bankruptcy laws to escape bankruptcy
- 7) has at any time, been convicted of an indictable offence in Queensland or the equivalent of a Queensland indictable offence in another jurisdiction
- 8) is a member of another Local Ambulance Committee.

I accept the nomination.

Nominee signature

Date

Nominator name *(please type / print in capital letters)*

I, the above named Nominator, state that I am an eligible person, as specified by the *Ambulance Service Act 1991*, to nominate persons for membership of a Local Ambulance Committee.

I am a current member of the Local Ambulance Committee named above and I nominate the Nominee (named above) for membership of this Local Ambulance Committee.

Local Ambulance Committee biennial term commencing

Nominator signature

Date

The Local Ambulance Committee must retain these completed forms on file and provide the necessary details of new members to the LASN Office to ensure the accuracy of QAS volunteer records.