



## Penndel – Middletown Emergency Squad Application for Membership

Active Riding Member – 18 years old or old

Associate Volunteer – 16 years or older

PLEASE PRINT CLEARLY

### PERSONAL INFORMATION

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

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Do you have any relatives or friends working/volunteering here? \_\_\_\_\_

Please list their name(s):

\_\_\_\_\_

\_\_\_\_\_

### POSITION INFORMATION

Volunteer Position Applying for (check one):

Non-EMT Student

EMT-B

EMT-P

Have you ever volunteered for this organization? \_\_\_\_\_

If so, date(s) \_\_\_\_\_ Prior position(s) here: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**CERTIFICATION INFORMATION**  
**(List only current certifications - photocopies required at interview)**

Certification	Certification Number	Expiration Date	Instructing Agency
CPR			
EMT/EMT-P Level:_____			
National Registry			
PALS or PEPP			
ACLS			
PHTLS or BTLS			
EVOC			
Other:_____			

**WORK REQUIREMENTS  
AND GENERAL INFORMATION**

Do you have a valid Driver's License      YES      NO      Class: \_\_\_\_\_

Issued by what State? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

List all moving violations (convictions) and accidents in the last five years: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?      YES      NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

*A conviction will not necessarily disqualify you from becoming a volunteer.*

**EMPLOYMENT HISTORY**  
(List your most employers or volunteer activities/agency.)

Employer/Volunteer agency: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?:    YES    NO

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS**

Primary Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell/Work Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell/Work Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO

If not, highest grade completed: \_\_\_\_\_ Have you received your GED? YES NO

COLLEGE:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

OTHER COLLEGE:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

TECHNICAL SCHOOL:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate? YES NO

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

**OTHER SCHOOL/TRAINING:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate?    YES            NO

Certificate: \_\_\_\_\_    License: \_\_\_\_\_

Expires: \_\_\_\_\_    Expires: \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

EMS/FIRE SERVICE RELATED TRAINING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMS/FIRE SERVICE RELATED TRAINING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMS/FIRE/PROFESSIONAL AFFILIATIONS ( past or current):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

List **two** personal references that have known you for at least three years outside work.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
How they know you: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
How they know you: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Telephone Number (including area code): \_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of important information may be considered as sufficient reason for the rejection of my application. I recognize that completion of this application does not mean that I am accepted as a member, and does not obligate the organization in any way to accept me. If accepted, membership will be "at will" and either the company or I is free to terminate the membership agreement at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If accepted into membership and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I consent to allow any Doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by this organization as a condition of my membership. I hereby give consent to the release of all information that the company deems necessary to determine my ability to perform job duties now or in the future.

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with the company may be terminated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_