



PENNDEL MIDDLETOWN EMERGENCY SQUAD

616 EAST LINCOLN HIGHWAY • LANGHORNE, PA 19047-2998

PHONE 215-757-2663 • FAX 215-757-0222

www.pmems.org

Dear Prospective Member:

We are pleased you are interested in becoming a member of the Penndel-Middletown Emergency Squad (PMES). We are seeking committed individuals who wish to contribute their time and talent to the community as an active member of our organization. Before you complete the attached application, we urge you to read this letter completely so that you have an understanding of the application process and the level of commitment required.

PMES has been a proud part of Middletown Township and surrounding communities since 1959.

We have two categories of Membership, Active riding members and Associate members.

To be considered an ACTIVE RIDING MEMBER of PMES, members must be 18 years of age and participate at least 6 hrs of ride time per week. Active members are also encouraged to attend training classes held at the main station. Monthly meetings are also held at the station the second Friday or Saturday of each month and you are encouraged to attend the meetings during your 13 weeks of probation. Active riding members are ones where his/her primary interest is riding the ambulance and providing EMS care and are certified as an Emergency Medical Technician (EMT-B or EMT-P) by the Department of Health of PA. A career in EMS is not a pre-requisite for active riding members. PMES encourages active members to become an EMT within a year or two of becoming a member of PMES.

ASSOCIATE MEMBERS are a minimum of 16 years of age and participate at least 8 hrs per month, at a total of 96 hours per year. This includes monthly meetings and administrative functions such as; open-house, and/or community relations activities, fundraising and other squad related activities. Associate members do not ride the ambulance.

All new members, both Active and Associate, will go through an In-Station Orientation class. Following that, members are required to watch and take a test on the following subjects: HIPPA, Blood Borne pathogens. A third subject that will also be covered: Sexual harassment. All are mandatory prior to riding or being allowed into the building as a probationary member.

As you can see, becoming a volunteer at PMES does take time and dedication. We believe it is important that you know the level of commitment that is necessary to become a fully active member so that you can make appropriate decisions about whether you have the time and can make the commitment to become a member of PMES. While it may seem like a great deal of time, we try to schedule training activities on evenings and weekends.

Your fully completed application, child abuse verification certificate and Pennsylvania State Police background check certificate should be dropped off or mailed in a sealed envelope to:

PMES

616 E. Lincoln Hwy

Langhorne, PA 19047

Attn: Chairperson of Membership Committee

A volunteer from the Membership Committee will contact you to set up a personal interview. Please read the attached application as to the items you need to furnish at your scheduled interview.

You will be contacted within 5 to 10 working days of the membership committee's receipt of the following to schedule an interview:

The results mailed from Childline Verification Unit must be submitted with your completed application.



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Pennsylvania State Police Background check (can be completed online or via paper form):

Online completion:

Access the PATCH website at <https://epatch.state.pa.us>

From the homepage click on “Submit a New Record Check”

Continue through the application process by completing the requested fields (note: under REASON FOR REQUEST, select “Employment”)

The certification form/screen for “No Record” should be printed and submitted with your application

Mail completion:

Include your name, address, and telephone number as the Requester. Do not use the name or address of the Emergency Squad as the Requester.

The results mailed from the State must be submitted with your completed application.

NOTE: After being voted into membership you can apply for a reimbursement for the above fees. Please save your receipts. No reimbursement can be issued without receipts.

We look forward to receiving your application. Should you have additional questions or if you have not been contacted by someone from the Membership Committee within 10 days from when your application was submitted, please contact Chairperson Georgianna Ramella using the following contact information:

Georgianna Ramella
Chairperson, Membership Committee
gramella@pmems.org

Sincerely,
The Membership Committee



Penndel – Middletown Emergency Squad Application for Membership

Active Riding Member – 18 years old or older

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 recent employer or volunteer activity/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 guarantee of membership.

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 which 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 membership, 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.

Applicant's Signature: _____ Date: _____

Printed Name: _____

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CAO REP _____ CAO PHONE NO _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

- 1.
- 2.
- 3.
- 4.

HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE _____

DATE _____

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II RESULTS OF HISTORY CHECK

APPLICANT IS **NOT** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE. APPLICANT **IS** LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER _____

DATE _____

VERIFIER'S SUPERVISOR _____

DATE _____

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

FBI CLEARANCE

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

VERIFIER_____
DATE_____
VERIFIER'S SUPERVISOR_____
DATE

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972) DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-				
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NAME/SUBJECT OF RECORD CHECK (FIRST)		(MIDDLE)		(LAST)		
MAIDEN NAME AND/OR ALIASES		SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00

*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****

◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

<input type="checkbox"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.		
<input type="checkbox"/> ADOPTION (DOMESTIC)	<input type="checkbox"/> EMPLOYMENT/SCREENING	<input type="checkbox"/> PASSPORT
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> PRIVATE INVESTIGATIONS
<input type="checkbox"/> BANKING	<input type="checkbox"/> HEALTHCARE	<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> BAR ASSOCIATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> TENANT CHECK
<input type="checkbox"/> CHURCH	<input type="checkbox"/> INSURANCE LICENSE	<input type="checkbox"/> VISA
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NURSE AID TRAINING	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> ELDER CARE	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> EMERGENCY MANAGEMENT		

<input type="checkbox"/> ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)
AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.