



Volunteer Application

Date: _____

NAME: _____
(LAST) (FIRST) (M.I.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

PAGER/CELL #: _____ E-MAIL: _____

Course	Location	Grad./Exp Date
Paramedic or Health Professional cert. #		
Emergency Medical Technician cert. #		
CPR		
ACLS		
BTLS or PHTLS		
PALS		
Other (EVOC, High School, college, etc)		

PLEASE ATTACH COPIES OF ALL CERTIFICATIONS AND LICENSE

Applications submitted without certifications attached may not be processed.

Are you at least 16 years of age or older? _____ Date of Birth: _____
(optional)

In case of emergency, notify: _____ Phone: _____

Employment

Employer or past Employment: _____

Dates of Employment: From _____ To _____

Address: _____

Job Title: _____

Supervisor: _____ Phone #: _____

Driver Information

Driver License Number: _____ State: _____ Exp Date: _____

What Class License? _____ Do you have any restrictions on your license? Y or N

If yes, indicate which restrictions: (circle) B C D E G H I J K L M N O P S X

The following questions are in direct relationship to the operation of an emergency vehicle, as required under the rules and regulations of Act 45 of the 1985, Title 28: Health and Safety.

1) Have you ever completed a PA Emergency Vehicle Operators Course? Y or N

If yes, please give date and place: _____

2) Have you ever been convicted in the past four years or driving under the influence of alcohol or drugs? Y or N

If yes, please give date: _____

3) Have you been convicted of reckless driving within the past two years? Y or N

If yes, please give date: _____

4) Have you ever had your driver's license suspended under the point system? Y or N

If yes, please give date: _____

I attest that the information provided is true to the best of my knowledge. I am aware that my driving record may be checked at any time during the time I am affiliated with Shaler EMS. I agree to inform the administration of Shaler EMS of any moving violations or suspensions during the time that I operate an emergency vehicle with Shaler EMS.

SIGNATURE OF APPLICANT

DATE

References

Please list three references

Name	Address	Occupation	Phone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements and information contained in this application. I hereby release Shaler EMS, it's employees, members, schools, employers, and persons from any and all liability regarding inquiries made in the connection with my application.

In the event of acceptance of membership, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of Shaler EMS, Inc.

Applicant's Signature: _____ Date: _____

Witness Signature: _____

OFFICE USE ONLY

Date Interviewed: _____ Interviewed by: _____

Accepted: Y or N If no, why?: _____

{ } see attached sheet

End of probation period: _____ Date of probation interview: _____

Accepted as an active member: Y or N If no, why? _____

{ } see attached sheet

Date of exit interview: _____

Reason for leaving: _____