



Application for Membership

Personal Information:

Name _____
Last First Initial

Address _____
Street City State / Zip

Previous Address _____
(In last 5 years) Street City State / Zip

Home Phone Number _____ Work Phone Number _____

Social Security Number _____ Age _____ Sex _____

Date of Birth _____ Email Address _____

Vehicle Operators License Number _____ State _____

Current Employment:

Employer _____

Address _____
Street City State / Zip

Position _____ Working Hours _____

Previous Employment: (In Last 5 Years)

Employer _____

Address _____
Street City State / Zip

Position _____ Working Hours _____

Employer _____

Address _____
Street City State / Zip

Position _____ Working Hours _____

Education: (Circle Highest Level Completed to Date)

Elementary 5 6 7 8 High School 9 10 11 12

College 1 2 3 4 + Other _____

Experience & Training Information:

Have you applied for or held membership in this or any other ambulance association? _____

Ambulance Association Name & Address _____

Number of Years Active _____

List any Position(s) Held _____

U.S. Military Service _____
Branch Rank

Type of Discharge _____

Please check all training, current or expired, and **ATTACH COPIES OF CURRENT CARDS.**

	<u>Date of Issuance</u>	<u>Date of Expiration</u>
Cardio Pulmonary Resuscitation (CPR)	_____	_____
Emergency Responder (Red Cross (ERC)).....	_____	_____
Pennsylvania EMT	_____	_____
Emergency Vehicle Operators Course (EVDC).....	_____	_____
Other _____.....	_____	_____

References:

Please list the names, addresses, and phone numbers of people whom you have known for at least a year. Local references are preferred. No immediate family members.

1. _____

2. _____

3. _____

List any relatives or acquaintances that are members of this association.

Medical History:

Do you possess any mental, physical, or medical disabilities or limitations? Yes _____ No _____

Give Details _____

Name of Physician _____

Physician's address _____
Street City State / Zip

Physician's Phone Number _____

In Case of Emergency, Notify _____
Name

Address _____
Street City State / Zip

Phone _____

List any felony, misdemeanor, or summary convictions, including traffic violations

Times Available:

Please detail below the times you are available to run.

Available Week Days (must stay in station) (0600 – 1200) _____ (1200 – 1800) _____

Available Week Nights (1800 – 2300) _____ (2300 – 0600) _____

Available Weekend Days (must stay in station) (0600 – 1200) _____ (1200 – 1800) _____

Available Weekend Nights (1800 – 2300) _____ (2300 – 0600) _____

Available at Different Times Due to Shift Work _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection.

Upon completion, this form will be reviewed by the Training Officer and the Operations Chief and will be submitted to the General Assembly at a scheduled monthly meeting with a recommendation for rejection or approval. Upon approval, the new member will be on probation for six months.

I agree to read and abide by all policies, procedures, and by-laws of the Leola Ambulance Association.

Signature of Applicant _____

Date _____

FOR LEOLA AMBULANCE ASSOCIATION USE ONLY

Reference Check Comments:

Accept _____ Rejected _____ Date _____

Training Charirman

Operations Chief