

Ephrata Community Ambulance Association Ride-Along Application

Application must be filled out prior to participation and returned in person to the EMS Manager.
NO ONE will be allowed to participate unless all necessary paperwork is completely filled out and signed.

APPLICANT INFORMATION			
<p style="font-size: small; text-align: center;"><i>Please fill in the information requested below. Prior to you being allowed to participate, the assumption of risk agreement must be completed with your signature being witnessed by a representative of Ephrata Community Ambulance Association. The completed form must be returned at least five business days prior to your requested participation. Any false information or omissions on this application may result in disqualification for ride-along privileges. Ephrata Community Ambulance Association reserves the right to deny ride-along privileges for any reason, without prior notice.</i></p> <p style="font-size: small; text-align: center;"><i>After your form has been submitted, contact the EMS Manager at (717) 733-3213 to verify approval.</i></p>			
Full Name		Date of Birth	
Home Address		HM/WK Phone Number	
Social Security Number		Cell Phone Number	
Place of Employment or School		Gender (circle): Male Female	
Position/Title	Major/Study		
Place of Employment/School Address		Business/School Phone #:	
Organization(s) Represented			
What is your interest in participating in this program?			
Date you are requesting to "Ride-Along"	Unit You Wish To Ride	How did you become aware of this program?	
Time you wish to "Ride-Along" (Must be after 8:00 a.m. but before 10:00 p.m. and for no more than 8 hours total.)			
Please answer the following by placing a 'Y' for yes, or an 'N' for no, in the box to the right of the question:			
Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner?		Have you ever been charged or convicted of a criminal offense? Please list the offense, date, and location: _____ _____	
Are you under indictment or do you have charges pending in any court for any crime?		Are you currently taking any medication that could impair your judgment in a stressful situation?	
Have you ever participated in this program? If yes, when did you last participate?		Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance?	
I have read and understand the procedure for the Ride-Along Program of _____. The above information is true and accurate to the best of my knowledge.			
Signature of Applicant: _____			
FOR DEPARTMENT USE ONLY			
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Comments: _____ _____ Rode with: _____		___ Failed to appear ___ Refused to allow applicant to ride Explain: _____ ___ Terminated applicant's ride before scheduled time Explain: _____	

**AUTHORIZATION TO PERFORM CRIMINAL HISTORY RECORD CHECK
FOR RIDE-ALONG PROGRAM OF
EPHRATA COMMUNITY AMBULANCE ASSOCIATION**

NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED: _____

APPLICANT AUTHORIZATION

I hereby authorize Ephrata Community Ambulance Association to conduct or have another entity conduct a criminal history record check. I agree to pay Ephrata Community Ambulance Association up front for the full cost of obtaining this criminal history record check.

I understand that Ephrata Community Ambulance Association does not guarantee the accuracy or timeliness of the information obtained from other sources and that Ephrata Community Ambulance Association will not be liable for any inaccuracy in the information obtained from other sources that are included in the criminal history record check.

Further, I authorize other organizations to provide such information to Ephrata Community Ambulance Association and I hereby release and hold harmless Ephrata Community Ambulance Association as well as other entities that have provided information in connection with my criminal history record check.

CONSUMER DISCLOSURE

I understand that I may obtain a copy of the criminal history record check for screening purposes.

_____/_____/_____
APPLICANT'S SIGNATURE **DATE**