



**MILITARY SERVICE**

Are/Were you in the US Armed Services?: \_\_\_\_\_ Branch: \_\_\_\_\_

Length of Service: From \_\_\_\_\_ To \_\_\_\_\_ Rank: \_\_\_\_\_

List any special training or duties relative to emergency services: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list at least three (3) personal references. At least two (2) must not be relatives.

Name	Address	Phone #	Relation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**TRAINING**

Please list all training that you currently hold or have completed in the past that has not expired. Please attach copies of your EMS certification. CPR, Hazmat, Bloodborne Pathogens, EVOC, Etc.

CPR: American Red Cross \_\_\_\_\_ American Heart: \_\_\_\_\_ Level: \_\_\_\_\_ Exp. Date \_\_\_\_\_

PA DOH EMR #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Medical Technician: \_\_\_\_\_ State: \_\_\_\_\_ Cert. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Hazmat: Awareness: \_\_\_\_\_ Operations: \_\_\_\_\_ Technician: \_\_\_\_\_ (please provide proof)

EVOC: \_\_\_\_\_ Bloodborne Pathogens: \_\_\_\_\_ HBV: \_\_\_\_\_ Incident Command(NIMS): \_\_\_\_\_

Do you hold any current Instructor's Certifications or Cards: Y N

If Yes please list: \_\_\_\_\_

List other EMS Related Training: \_\_\_\_\_

List any other training (fire, rescue, hazmat, etc.): \_\_\_\_\_

**EMERGENCY MEDICAL SERVICE EXPERIENCE**

List any and all EMS organizations you are or were ever involved with.

Organization & Address	Date From	Date Till	Officer/Title	Phone

**OTHER EMERGENCY SERVICE EXPERIENCE**

List any and all Emergency Services you are or were ever involved with.

Organization & Address	Date From	Date Till	Officer/Title	Phone

**MEDICAL RECORDS**

EMS Service requires lifting and can be stressful and emotional. Are there any medical and/or physical conditions that you have or are being treated for that could limit your abilities to perform the required tasks or which could be aggravated by EMS duties. Y N

If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

List any medications taken on a regular basis and why if they could impair your performance while performing EMS duties: \_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL RECORD**

Have you ever been convicted of a misdemeanor crime? Y N

If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony crime? Y N

If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT - PLEASE READ THE BELOW STATEMENTS BEFORE SIGNING THIS APPLICATION**

**Ephrata Community Ambulance Association, Inc. (ECAA)** wishes to express our appreciation for the time and effort you have spent in completing this application. Your application for volunteer membership is conditional on your agreement to the following:

1. I understand that to the best of my knowledge and belief, all the information given on this application for volunteer membership is true, correct, and complete. I understand that my statements will be verified and that making a false statement on this application or the omission of any material fact may result in revocation of this application or my subsequent membership termination from ECAA regardless of when such fact may be discovered.
2. I hereby give ECAA the right to make thorough investigation into my previous involvement with other organizations, education, training, references and criminal record. I release from all liability all persons, companies and corporations supplying such information. I release, indemnify and hold harmless ECAA from and against any and all liability which might result from making such an investigation. A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.
3. I have included a copy of my driver's license and copies of proof of training as requested under the training section of this application.
4. I understand that ECAA operates on a 24 hour basis and welcomes any time I can volunteer, and I am required a minimum commitment of 24 hours per month or 288 hours per year. Once my name is on the schedule and I am not able to fulfill that commitment, it is my responsibility to find my own replacement of equal or greater certification and to notify the designated schedule person.
5. I understand that simply by completing this application, does not guarantee membership to ECAA. I understand that if accepted as a member of ECAA, that the failure to comply with all the rules, regulations and procedures of ECAA, can and /or will result in disciplinary action and/or dismissal. I also understand that my membership is probational for a period of 6 months and I do not have voting rights for 1 year from the date of my acceptance. I understand that I am encouraged to attend board meetings on the second Monday of each month and I am welcome to express my options and knowledge.

Signature: \_\_\_\_\_

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

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*ECAA OFFICE USE ONLY:*

Date Rec'd by 1<sup>st</sup> V.P. \_\_\_\_\_ Executive meeting \_\_\_\_\_ Board Meeting \_\_\_\_\_

Background check: \_\_\_\_\_ Criminal Check: \_\_\_\_\_

Accepted: \_\_\_\_\_ Denied: \_\_\_\_\_

Comments/ Notes: