

Manchester Ambulance Club Inc.

d/b/a Northeastern Area EMS
 10 Devco Drive Manchester, Pa 17345
 Emergency- Dial 9-1-1 Business 266-5736

Membership Application

What type of membership are you seeking?

Junior
 Active
 Social

| PERSONAL DATA | | | | |
|------------------|----------|------------|--------------------|---------------|
| LAST NAME | MI | FIRST NAME | SSN | DATE OF BIRTH |
| | | | - - | / / |
| ADDRESS LINE ONE | | | | |
| | | | | |
| ADDRESS LINE TWO | | | | |
| | | | | |
| CITY | | | STATE | ZIP CODE |
| | | | | - |
| HOME TELEPHONE | PAGER | | CELLULAR TELEPHONE | |
| () - | () - | | () - | |

| CREDENTIALS and CERTIFICATIONS (Please attach a copy of each certification) | | | | |
|---|--------|----------------|----------|---------|
| DESCRIPTION | NUMBER | ISSUING AGENCY | OBTAINED | EXPIRES |
| <i>Driver's License</i> | | | | |
| <i>Emergency Medical Technician</i> | | | | |
| <i>CPR for Healthcare Provider</i> | | | | |
| EVOC | | | | |
| Hazmat R&I/Operations | | | | |

Are you currently working? Yes No If so, how many hours a week? _____

| EMPLOYMENT | | | |
|------------------|---------------|-----------|------------|
| EMPLOYER | DATE HIRED | DATE LEFT | |
| | / / | / / | |
| ADDRESS LINE ONE | | | |
| | | | |
| ADDRESS LINE TWO | | | |
| | | | |
| CITY | | STATE | ZIP CODE |
| | | | - |
| TELEPHONE NUMBER | POSITION HELD | | SUPERVISOR |
| () - | | | |

Are you currently attending school? Yes No

| EDUCATION | | | |
|--------------------------|--|--------------|------------|
| COLLEGE/TECHNICAL SCHOOL | GRADUATED | DATE STARTED | DATE ENDED |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / | / / |
| HIGH SCHOOL | GRADUATED | DATE STARTED | DATE ENDED |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / | / / |

| PAST EMERGENCY SERVICE (i.e., EMS, Fire, or Rescue) EXPERIENCE | | | |
|--|---------------|-------------|-----------|
| ORGANIZATION | | DATE JOINED | DATE LEFT |
| | | / / | / / |
| ADDRESS LINE ONE | | | |
| | | | |
| ADDRESS LINE TWO | | | |
| | | | |
| CITY | | STATE | ZIP CODE |
| | | | - |
| TELEPHONE NUMBER | POSITION HELD | | SUPERIOR |
| () - | | | |

Did you leave this organization on good terms? Yes No
 May we contact this organization for a reference? Yes No

| AVAILABILITY TO VOLUNTEER | | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Overnight | <input type="checkbox"/> Overnight | <input type="checkbox"/> Overnight | <input type="checkbox"/> Overnight | <input type="checkbox"/> Overnight | <input type="checkbox"/> Overnight | <input type="checkbox"/> Overnight |

Are you currently, or have you ever been convicted of a misdemeanor or felony? If yes, please explain. Yes No

Do you have any conditions or restrictions that would prevent you from fulfilling the duties of the position you are applying for? If yes, please explain. Yes No

If you are under the age of 18 or currently attending high school, will your parent or legal guardian give you permission to participate? Yes No

Please tell us why you are interested in joining an Emergency Medical Services organization. Attach additional paper if necessary.

PARENTAL/LEGAL GUARDIAN PERMISSION/CONSENT

This section must be completed prior to applying for all applications who are under 18 years of age or still attending high school. AS THE PARENT OR LEGAL GUARDIAN OF THE MINOR/STUDENT APPLYING FOR MEMBERSHIP OF THE MANCHESTER AMBULANCE CLUB, INC, I GRANT PERMISSION FOR THE MINOR TO PARTICIPATE IN THE ACTIVITIES OF THE CLUB. I UNDERSTAND THAT MEMBERSHIP WILL BE LIMITED TO THAT OF A JUNIOR MEMBER.

| | | |
|----------------------------|-----------|------|
| PARENT/LEGAL GUARDIAN NAME | SIGNATURE | DATE |
| | | / / |

DECLARATION

All applicants must complete this section.

I agree to abide by the rules and regulations as provided by the By-Laws, Operating Procedures, and any other rules which the Club body may adopt. I understand, that I am on probation for one year and that I must complete all training specified by the Club within a year. If I am an Active member, I must keep my training current or I will be changed to a social member until my training is brought up-to-date

I have read and understand the above requirements and give my permission for the Manchester Ambulance Club, Inc. or it's designee to verify the information on this application. I understand that I must attend a regular monthly meeting (held on the fourth Thursday of every month) in order to be considered for membership. Further, I understand that omission or falsification of any information on this application may disqualify me from consideration for membership.

| | | |
|------------------|-----------|------|
| APPLICANT'S NAME | SIGNATURE | DATE |
| | | / / |

If applicant is under 18 years of age or still in high school, parent or guardian must consent to above declaration.

| | | |
|----------------------------|-----------|------|
| PARENT/LEGAL GUARDIAN NAME | SIGNATURE | DATE |
| | | / / |

PLEASE DO NOT WRITE BELOW THIS LINE, FOR MEMBERSHIP COMMITTEE ONLY

| | | | |
|-------------------------|-----------|----------------------------|--|
| Application Received By | | Date Received | / / |
| Board of Directors | Chair | | |
| | Member(s) | | |
| | | | |
| | | | |
| | | | |
| Date of Interview | / / | Recommended for Membership | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| General Meeting | / / | Accepted into Membership | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Membership file created? Yes No
 By-Laws, and Operating Procedures; Book number