

Yardley-Makefield Emergency Unit

Application for Volunteer Membership

Name: (Last) _____ (First) _____ (MI) _____

Address: _____ City: _____ TWP/Boro: _____

State: _____ ZIP: _____ Home Phone: (____) ____ - ____ Cell: (____) ____ - ____

Emergency Contact: _____ Relation: _____

Phone: (____) ____ - ____ DOB ____/____/____

Social Security # ____ - ____ - ____

Certifications

List number if applicable

CPR _____/____/____

PHTLS _____/____/____

EMT _____/____/____

ACLS _____/____/____

EMT-P _____/____/____

PALS _____/____/____

HP _____/____/____

EVOC Y/N

Other Credentials / Certifications (Please list cert / license # and expiration date)

Other pertinent training

Previous Emergency Service Experience: Yes / No

If yes, please list

<u>Company Name</u>	<u>County / State</u>	<u>Paid / Volunteer</u>	<u>Service Dates</u>
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_____	_____	_____	____/____/____
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_____	_____	_____	____/____/____
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_____	_____	_____	____/____/____
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If you need more space, please list on a separate page

References (Non-Relative)

Name	Address	Phone
_____	_____	(____) ____-____
_____	_____	(____) ____-____
_____	_____	(____) ____-____

Health

Do you have any health problems that might affect your work with the squad? Y / N

If yes, please explain: _____

Education

	Name	City / State	Degree / Diploma
H.S.	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____

Major(s): _____

Languages (read / spoken) _____

Criminal History

Have you ever been convicted of a felony or misdemeanor? Y / N

If yes, please explain: _____

Have you ever been convicted of Driving under the Influence of drugs or alcohol? Y / N

Has you license ever been suspended or revoked? Y / N

If yes, please explain: _____

Results of Background Check: _____

Authorization

I _____ certify that the information being submitted in the application is accurate and true; and that if any false information, omissions, or misrepresentations are discovered, this application will be automatically voided and my membership terminated. I understand that the references I have listed herein will be contacted and that I may be required to undergo physical, eye and/or drug screening as part of my membership process. I hereby authorize Yardley-Makefield Emergency Unit, contractors of Yardley-Makefield Emergency Unit, and the Lower Makefield Township Police Department to investigate my background for the completion of this application.

Signature: _____

Date: ____/____/____

Print Name: _____

Signature or parent/guardian, if applicant is under 18 years of age

Signature: _____

Date: ____/____/____

Print Name: _____

Relationship: _____

Availability

Please mark availability below

Days: _____ Evenings: _____ Nights: _____ Weekends: _____

I am interested in the following:

Ambulance: _____ Administrative: _____ Other: _____