

Silver Spring Ambulance & Rescue Association, Inc.
P.O. Box 177, New Kingstown, Pennsylvania 17072-0177
(717)-697-3131 Fax: (717)-697-4614

MEMBERSHIP APPLICATION

Personal Information:

Name: _____ Age 18 or older ___ Yes ___ No
Last First M.I. Age 16 or 17 ___ Yes ___ No

Sex: Male Female Social Security Number: _____

Drivers License #: _____ State Issued: _____ Expiration: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Township that you currently live in: _____

How did you hear about our organization?

- Association Member
- Newspaper
- Brochure
- World Wide Web
- Other: _____

Recommended by Association Member: _____

Employment History (Starting with most recent employer):

Employer: _____ Occupation/Title: _____
Address: _____

Name of Supervisor or Manager: _____

Phone: (____) _____

Employed from: _____ to _____

May we contact this employer? Yes No If no, reason: _____

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Employer: _____ Occupation/Title: _____
Address: _____

Name of Supervisor or Manager: _____

Phone: (____) _____

Employed from: _____ to _____

May we contact this employer? Yes No If no, reason: _____

Employer: _____ Occupation/Title: _____
Address: _____

Name of Supervisor or Manager: _____

Phone: (____) _____

Employed from: _____ to _____

May we contact this employer? Yes No If no, reason: _____

=====

Employer: _____ Occupation/Title: _____
Address: _____

Name of Supervisor or Manager: _____

Phone: (____) _____

Employed from: _____ to _____

May we contact this employer? Yes No If no, reason: _____

Position Desired:

Medical

Do you currently hold a valid:

E. M.T. Certification #: _____ Exp. Date _____

E.V.O.C. Certification

Other Certifications held (Please specify below)

(Please include a copy of all certifications and training certificates you presently hold.)

Would you be interested in obtaining certification? Yes No

If you answered yes to the above question, what certification(s) would you like to obtain:

Non-Medical (Support position): Please indicate the position that you are interested:

(I.e. Clerical, Recruitment, Information Technology, Fund Raising, Grant Writing, Landscaping etc.)

Other skills, training or interests: _____

Education:

Highest level of education completed:

Grade: 9 10 11 12 (Circle one)

High School Diploma

Technical School

Some College

College Degree

Graduate Level

Background Information:

Have you ever been convicted of a crime including felonies, misdemeanors, and summary offenses, which have not been annulled, expunged, or sealed by a court? If “Yes”, attach a full written description (in detail) for each offense, including dates, and all other specifics.

Yes No

Have you ever had a disciplinary sanction, suspension, revocation or cancellation placed against your license, certification, authorization or other permission to practice a healthcare occupation or profession in or by any state or other licensing jurisdiction? If “yes”, attach a written full description (in detail) for each, including dates, jurisdiction and all other specifics.

Yes No

Have you been or are you now a member or employee of another emergency service organization? If “Yes,” please list those organizations; and, also indicate if you are currently employed or involved with them.

Yes No

References:

Please provide in the space below three references. This may include one member of Silver Spring Ambulance and Rescue Association. Immediate family references will not be accepted.

| Name | Relationship | Address | Phone | Years Known |
|-------|--------------|---------|-------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

- By placing my signature on this application I certify that these statements are true and correct, to the best of my knowledge.
- I understand there are personal risks involved with participating in the Emergency Medical Service, such as accident, injury, and disease. I will willingly accept those personal risks as a part of my service.
- I give permission for ‘Silver Spring Ambulance and Rescue Association, Inc’ to check my references, my emergency medical certification and my driving, criminal, and other police records to determine my suitability as a member of the Association serving the public.
- *I understand that I am obligated to notify the Association if at any time in the future I am convicted of a misdemeanor, felony, or if a disciplinary sanction is imposed against my license or certification or other authorization to practice a health care occupation or profession by any jurisdiction. (28 Pa Code 1005.10 (d) (3))*
- This application is accompanied by a non-refundable two dollar (\$2.00) application fee, and a photocopy of my valid drivers license or state issued photo identification card.

Signature of Applicant: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____
(Only for applicants under the age of 18)