

West End Community Ambulance Assoc., Inc

P.O. Box 200
Effort, PA 18330-0200

(610) 681-5810
(610) 681-5643

APPLICATION FOR ACTIVE MEMBERSHIP

As an Active Member of this Association, there are certain duties that may be required of all members. The following includes many but not all of those duties: Bending, lifting, twisting, carrying, driving an ambulance, working with patients that may be infectious, bleeding, young, old, combative and psychiatric. Cleaning of equipment and ambulance, necessary paperwork, talking on a radio, working in confined spaces and working with others.

In addition, as an active member, you will be expected to obey all the rules, regulations, SOP's and By-Laws of this organization.

Name: _____ Social Security #: _____

Mailing Address: _____ Date of Birth: _____

Telephone #s: Home: _____ Business: _____

Spouse's Name (if marries): _____

Children's Names & Ages (if applicable): _____

In case of emergency, please notify: _____

Address: _____ Telephone #: _____

Current Employer: _____

Address: _____ Telephone #: _____

Position: _____ Supervisor: _____

Drivers' Operators Number: _____ State: _____

Have you been convicted of a traffic violation within the last three (3) years? _____ No _____ Yes

Have you ever been arrested? _____ No _____ Yes If yes, please explain: _____

Do you presently or have you ever been a member of n Ambulance Association, Fire Company, Rescue Squad or Police Dept.? _____ No _____ Yes If yes, please list your reasons for leaving:

Application for Active Membership
WEST END COMMUNITY AMBULANCE ASSOCIATION

Medical Courses:

_____ EMT Certification No. _____ Exp. Date _____

_____ CPR Organization _____ Exp. Date _____

First Aid _____ Exp. Date _____

Other _____

Would you be interested in taking the EMT course? No _____ Yes _____

When? _____

Check shifts you will be available to run:

12 Midnight to 6 a.m.

6 a.m. to 12 Noon

12 Noon to 6 p.m.

6 p.m. to 12 Midnight

Please be advised that all information on this application is strictly confidential and shall not become public knowledge.

Please list at least three (3) references:

Name: _____ Phone # _____

Address: _____

Name: _____ Phone # _____

Address: _____

Name: _____ Phone # _____

Address: _____

DECLARATION

I hereby affirm that all information I have given on this form is true and correct and I understand that misrepresentation or omission of facts, is, if I am accepted, cause for separation. I understand that statements of employment and personal history may be thoroughly investigated and I hereby authorize such investigations and giving and receiving of information requested. I am also aware that a Criminal Records Check will be obtained by this organization. I agree that if accepted, I am subject to the Rules and Regulations of this organization.

Date: _____ Signature: _____

Reviewed by personnel committee: _____

Completed new personnel training: _____

Type of pager: _____ Serial #: _____

Uniform issued: _____