

The **Olyphant Community Ambulance Association and Rescue Squad** reserves the right to accept or reject any application for membership. Upon acceptance, at the **NEXT REGUALR METING**, a thorough background check will commence on the application. Any false or misleading in information will result in the applications automatic rejection.

At the **FOLLOWING MEETING**, the applicant will either be **accepted** or **rejected** for membership. If approved, the applicant will be placed on **ONE (1) YEAR PROBATION** and will receive a copy of the By-Laws of the organization which **MUST** be adhered to.

Olyphant Community Ambulance Association and Rescue Squad is an equal opportunity volunteer organization.

I hereby certify that all of the information provided on this application is correct and answered to the best of my ability.

Print _____ Signature of Applicant _____ Date _____

Any applicant seventeen (17) years of age or under must submit working papers and obtain parental approval with this application. Furthermore, such applicants will be bound to the current Pa. Child Labor Laws.

Print _____ Signature of Parent _____ Date _____

(FOR CORP USE ONLY)

Investigating Committee: Date: _____ Comments:

1: _____ _____

2: _____ _____

3: _____ _____

Background Check: _____

Vote on application:

Date: _____

For: _____ Against: _____ Present: _____

ACCEPTED _____ REJECTED _____