

**Olyphant Community Ambulance Association
And Rescue Squad**

530 East Park Street
Olyphant, Pa 18447

Date: _____

Name: _____
Last First Middle

Address: _____ City: _____

Zip: _____ Phone: _____ Cell: _____

Date of Birth: _____ Age: _____ Sex: _____

Social Security Number: _____/_____/_____

Pa. Operator Number: _____ Restrictions: _____ Class: _____

Are you currently a member of any emergency services organizations? _____

If yes, list:

List two references: _____ Phone: _____

_____ Phone: _____

Physical impairments: _____

Conviction of any crimes: _____

Traffic violations (past 5 years): _____

Previous experience: _____ Paramedic _____ EMT _____ CPR _____ EVOC _____ First Responder
_____ NIMS _____ Other: _____

****Attach copies of above****

What prompted you to apply for membership to our organization?

(OVER)

The **Olyphant Community Ambulance Association and Rescue Squad** reserves the right to accept or reject any application for membership. Upon acceptance, at the **NEXT REGULAR MEETING**, a thorough background check will commence on the application. Any false or misleading information will result in the application's 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 _____