

**WESTERN BERKS AMBULANCE ASSOCIATION**

**Application for Volunteer Membership**

Western Berks Ambulance Association considers applications for volunteer membership without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship, ancestry, political belief or characteristic protected by law. Western Berks Ambulance is a Drug-Free Workplace.

Please print the following information:

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone/E-Mail \_\_\_\_\_

**CERTIFICATION INFORMATION**  
(List only current certifications – photocopies required)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT			
EVOC			
Other:			

**WORK REQUIREMENTS AND GENERAL INFORMATION**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had any moving violations in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted or plead guilty or no contest to a felony or misdemeanor?

➤ Felony Yes \_\_\_\_\_ No \_\_\_\_\_

➤ Misdemeanor Yes \_\_\_\_\_ No \_\_\_\_\_

➤ Violent Crime Yes \_\_\_\_\_ No \_\_\_\_\_

➤ Drug Related Yes \_\_\_\_\_ No \_\_\_\_\_

EDUCATION AND TRAINING

High School \_\_\_\_\_

Education level completed \_\_\_\_\_

Did you graduate? YES NO

College \_\_\_\_\_

Major \_\_\_\_\_

Date/projected date of graduation \_\_\_\_\_

EMS/Fire service related training \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMS/Fire affiliations \_\_\_\_\_

\_\_\_\_\_

REFERENCES

List three person, other than relatives, who have knowledge of your experience, affiliations, trainings, etc.

1. \_\_\_\_\_ Relationship \_\_\_\_\_  
Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Years Known \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_  
Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Years Known \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_  
Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Years Known \_\_\_\_\_

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**Application for Volunteer Members**

The reading and signing of this statement acknowledges that all the information contained in my volunteer membership application is true and accurate to the best of my knowledge.

I understand that any willful falsification of information listed herein will mean that my membership will be immediately revoked.

I also hereby give my permission to Western Berks Ambulance Association to submit the information listed to the Pennsylvania State Police, or other appropriate Police Department(s), for a criminal record check to be conducted on myself.

**I understand that I must submit a check or money order for the amount of \$25, payable to Western Berks Ambulance, with this application to cover processing costs.**

It is further understood that if I refuse to sign this statement acknowledging the aforementioned, my application will not be considered.

Signed \_\_\_\_\_

If under 18 years of age, parent/guardian signature:

Signed \_\_\_\_\_

Witnessed by: \_\_\_\_\_

- If applicant is under 18 years of age, parent or guardian signature is required above and below.

I understand that the above mentioned applicant will be involved in the delivery of Emergency Medical Services with Western Berks Ambulance Association and said applicant has my permission to do so.

Signed \_\_\_\_\_  
Parent/Guardian