

## **Instructions for Volunteer Membership Application**

- 1. Please fill out this application as completely as possible. Any specific questions that you may have can be asked when you return this application.**
- 2. Please return this application to the office with a copy of your criminal background check. You can obtain one online through the Pennsylvania State Police. The cost is \$10.00.**
- 3. Please include any applicable certifications of your training with this application including a current CPR card and a separate copy of your current Driver's License.**
- 4. Once your application has been received and reviewed, you will be contacted to schedule an interview.**
- 5. After your interview, an orientation meeting will be scheduled. After the orientation, a Blood Borne Pathogen class will be scheduled.**
- 6. Once accepted into the membership of Central Bucks Ambulance, you will serve a probationary period of no less than six (6) months. Once your probationary period is completed, there will be a review to accept you into the membership, extend your probationary period or deny membership.**
- 7. Central Bucks Ambulance will furnish you with a uniform consisting of: (1) blue dress shirt and (1) squad t-shirt (if you are a current EMT or MEDIC), after you have remained on the active volunteer roster for a period of three (3) months. To remain on the active roster, you must volunteer at the organization for a minimum of twenty four (24) hours a month. You must wear navy blue or black work pants and sturdy black work boots with your uniform. Sneakers are not permissible. Any equipment issued to you including uniforms, **MUST** be returned if you leave the organization or you will be billed for the items issued.**
- 8. You are expected to follow all rules, regulations and S.O.P's of the organization. Any infraction may result in dismissal from the organization.**
- 9. Prior to riding on any ambulance, you must schedule a PPD test (Central Bucks Ambulance will provide you with the test at no cost to you) and provide a copy of the results to the Infection Control Officer. You will also need to bring proof of a Hepatitis B vaccination. If you have not had the Hepatitis B series, Central Bucks Ambulance will provide it for you at no cost. If you do not wish to have the series, you may sign a declination form. The Infection Control Officer will meet with you during your orientation time to help you schedule your PPD and Hepatitis B series.**

# Requirements of Volunteers

If you are accepted into membership of Central Bucks Ambulance, the following requirements are necessary:

Complete probationary period of at least six (6) months.

- Attend all necessary training sessions to maintain your current certification level.
- Attend and participate in any activity that would profit Central Bucks Ambulance. This would include stand-by's and transports.
- Follow all operating policies and procedures, house rules and by-laws set forth by the squad.
- Inactivity for a period of six (6) months or greater will result in a volunteer being placed on the inactive roster. To be considered active, you must volunteer for a minimum of 24 hours a month.

Please read and sign the following statement:

I, \_\_\_\_\_, understand the information on this application will be investigated and verified. I give consent to the said investigation by the officials and/or representatives of Central Bucks Ambulance and Rescue Unit. By my signature below, I certify that the information contained in my application is true and correct to the best of my ability. I am aware that falsification by me, of this information can result in revocation of my application for membership or expulsion, if I am accepted to the unit.

I agree to abide by the By-Laws, Standard Operating Policies, House Rules and any other regulations set forth by the unit. I understand that non-compliance may result in disciplinary action.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Junior Applicant:

Parental Consent is required if the applicant is under 18 years of age.

I/We, the parents/guardians of, \_\_\_\_\_ hereby give our consent that the above named applicant may participate in activities of the unit, including but not limited to, stand-bys, fundraising activities, training classes, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Application for Volunteer Membership

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Contact Numbers:

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Drivers License Number \_\_\_\_\_

If other than PA \_\_\_\_\_

Is there any specific day/time that you would be most convenient for you to volunteer time, what would it be? \_\_\_\_\_

\*The above time will be considered however, you may be placed into a different time frame to allow you to obtain the best experience/training available, also to allow for time for all volunteers.

# Emergency Contact Information

Name: \_\_\_\_\_

## Person to Notify in Case of Emergency

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Information:

Company: \_\_\_\_\_ Policy # \_\_\_\_\_

# Volunteer Application Questionnaire

1. Are there any limitations that could impede your ability to participate in the Emergency Medical Services? YES or NO

If yes, please explain: \_\_\_\_\_

2. From a standing position, what is the maximum amount of weight that you can lift from the waist level and below? \_\_\_\_\_ Lbs.

3. Are you currently on any type of medication? YES or NO

If yes, please list here: \_\_\_\_\_

4. Are you currently under the care of a physician? YES or NO

5. Do you know anyone who is an employee or volunteer with Central Bucks Ambulance? YES or NO If yes, whom? \_\_\_\_\_

5. Have you had any motor vehicle (moving) violations in the last five (5) years?

If yes, please list: \_\_\_\_\_

6. Have you ever been convicted of a felony/crime? YES or NO

If yes, please explain: \_\_\_\_\_

7. Please provide a brief description of your reason for applying for membership.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# References

(Please follow the guidelines below regarding your references)

- ✓ Must be someone age 21 or older.
- ✓ Must not be a relative
- ✓ Must have known you for 3 or more years
- ✓ Must not be a current employee/volunteer with Central Bucks Ambulance
- ✓ You must turn in a letter of reference from each of your references at the time that your application is returned

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_