

**Please print and mail to:**

**Jeannette E.M.S., Inc.**

**225 S. 6th Street**

**Jeannette, PA 15644**

**Application for Volunteer Membership**

**18 years of age and over**

Application Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Last

First

MI

Address \_\_\_\_\_

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Marital Status     Single     Married

Do you have any physical defects that we should know about?     Yes     No, If yes, please explain \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employers Address \_\_\_\_\_

Do you have a valid drivers license?     Yes     No, If yes what state is it issued \_\_\_\_\_

Operators Number \_\_\_\_\_ Do you have any driving violations?     Yes     No

If you do have driving violations, please explain \_\_\_\_\_ Before driving any vehicles owned and operated by Jeannette E.M.S., Inc., we require that you have a state certified E.V.O.C. course and we have the right to check your M.V.R. Do you understand this?     Yes     No.

Do you understand that while in the membership of Jeannette E.M.S., Inc. and you receive any violations on your license you must notify the management of Jeannette E.M.S., Inc.? ( )Yes ( )No

Have you ever been convicted of a crime? ( )Yes ( )No, If yes, please explain

\_\_\_\_\_.

Have you ever served in the military? Yes No, If yes, what branch\_\_\_\_\_

Date of discharge\_\_\_\_\_ Are you in the reserves? Yes No

I understand that as a volunteer I will have contact with private and confidential patient information and for no reason will I discuss this information with any other persons outside this organization, not even family members nor will I release to any other person such as the media any information regarding any patient or patient condition and will refer all such matters to the management of Jeannette E.M.S., Inc. Yes No, Please Initial Here\_\_\_\_\_

First Aid Training

TRAINING TYPE	STATE ID NUMBER	EXPIRATION DATE
C.P.R.		
EMT Paramedic H.P.		
Other_____		

If you are a Paramedic, do you have medical command? Yes No.

Why do you want to join this organization?

\_\_\_\_\_.

