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
ddress	
Sity	StateZip
Age Date of Birth	SS #
Eye Color Hair Co	'olor
Marital Status Single Married	
Do you have any physical defects that we should know abou	ut? Yes No, If yes, please explain
Decupation	Employer
Employers Address	
Do you have a valid drivers license? Yes No, If yes	s what state is it issued
Operators Number	Do you have any driving violations? Yes No
If you do have driving violations, please explain driving any vehicles owned and operated by Jeannette E.M. have the right to check your M.V.R. Do you understand this	I.S., Inc., we require that you have a state certified E.V.O.C. co is? 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?

<u>REFERENCES</u>: Please list three references not related to you and only one (1) may be an employee or a volunteer of this organization.

NAME	ADDRESS	TELEPHONE	YEARS KNOWN

ATTACH TO THIS APPLICATION ONE PHOTOGRAPH OF YOURSELF. If a photograph is

not attached the application is not considered complete and will be returned to you for completion.

I certify that all the information on this application is true and correct to the best of my knowledge. I hereby give the Jeannette E.M.S., Inc. my permission to investigate this application. I also agree that I am on a 1-year probationary period and may be discharged without cause at anytime during this probationary period. I understand and agree that I will return to Jeannette E.M.S., Inc. any equipment and uniforms issued to me up request of management.

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Signature	Date	
DO NOT WRITE BELOW THIS LIN	Έ	•••••
Police Report		
Date Interviewed / / Interview Results	Interviewed by	
Application found () Favorable ()Nor	n-Favorable Date	
Chairman	JEMS ID Number	
Letter Sent		