



McCandless-Franklin Park Ambulance Authority



Box 1, Ingomar, Pennsylvania 15127-0001
Business Office: 412-367-5883 Fax: 412-367-8147
Non-Emergency Service 412-367-5844

APPLICATION FOR VOLUNTEER

Name: _____ Date: _____

Present Address: _____
Street City State Zip

Telephone number where you can be reached or where we can leave a message: _____

May we contact you at work? Yes No Business Phone: _____

Are you eligible to work in the United States? Yes No

Are you 21 years of age or older? Yes No

Do you have a current PA driver's license (EMT, Paramedic, Wheelchair Van Driver applicants only)? Yes No

During the past seven years, have you ever been denied a driver's license or been convicted of a moving traffic offense, including, but not limited to, driving while intoxicated or reckless driving. If yes, please explain. Yes No

Have you ever been convicted or pled guilty or no contest to a felony or misdemeanor? If yes, please explain. Yes No

Do you have any relatives/friends currently with our organization? Yes No

If yes, give their name(s): _____

Have you ever applied, volunteered or been employed with our organization before? Yes No

If yes, give the date(s): _____

Applying for: EMT Paramedic Wheelchair Van Driver Office Assistance

Availability for Volunteering (circle days available): S M T W T F S
Hours Available: From _____ To _____
Other: _____

EMPLOYMENT HISTORY

(List most recent employer first. List any other names used while working for listed employer.)

Name of Employer/Address	Phone Number	From	To	Supervisor
	Job Title/Duties			
	Reason for Leaving			
	Hourly Rate/Salary			

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	Job Title/Duties			
	Reason for Leaving			
	Hourly Rate/Salary			

EDUCATION

	School Name	Address	Graduated/ GED	Type of Diploma
High School				
College				
Technical				
Other				
Other				

TRAINING/CERTIFICATIONS

	Identification	Location	Expiration Date
EMT-Basic			
EMT-Paramedic			
CPR			
ACLS			
TLS			
PALS			
Other			
Other			
Other			

REFERENCES

(References cannot be relatives. References must have known you a minimum of one year.)

Name	Company Name / Address
Title	Phone Number

Name	Company Name / Address
Title	Phone Number

Name	Company Name / Address
Title	Phone Number

This application is void after a period of three months. If you have not been hired within that period of time and are still interested in being considered for employment, you must reapply.

If you are applying to volunteer as an EMT, Paramedic or Wheelchair Van Driver, the terms of volunteering for that position included a physical examination. Are you willing to undergo a physical examination by a physician, to prove you are physically able to perform the tasks of the volunteer job for which you have applied? ____ Yes ____ No

I hereby certify that the statements contained here are true and correct to the best of my knowledge and I grant McCandless-Franklin Park Ambulance Authority permission to verify such answers and investigate all references. I understand that any false statements on the application may be considered sufficient cause for rejection of the application or for dismissal if discovered subsequent to my employment. I authorize my former employers and other individuals to give information concerning me and I release them and their companies from any liability whatsoever.

Signature: _____ Date: _____

For Company Use Only

INTERVIEW: Date: _____ Interviewed By: _____

Comments: _____

DISPOSITION:

Accepted: _____

Date Started: _____

Not Accepted: _____

Consider in the Future: _____

Not Accepted: _____

Unqualified: _____