



EAST ALLEN TOWNSHIP VOLUNTEER AMBULANCE CORPS

4945 Nor-Bath Blvd. Northampton, PA 18067

6-Month Probationary Period Ending Date _____

MEMBERSHIP APPLICATION

Updated January 2019

PLEASE NOTE:

- Completed applications are to be sent/given to EATVAC President.
- Background checks will be performed on all applicants.
- Applicants under the age of 18 must be accompanied by a parent/guardian for interview meeting(s).

Last _____ First _____ MI _____
 DOB _____ SSN _____

Street Address _____

City/State/Zip _____

Home Phone _____ Email _____

Cell Phone _____ Cell Phone Carrier _____

Occupation _____ Current Employer _____

Employer Address/Phone _____

Driver's License # _____ Classes _____
 State & Exp. Date _____ Restrictions _____

How did you hear about EATVAC? _____

Provide 3 References (please include EATVAC members if applicable)

Name	Phone	Relationship

Provide the number & expiration dates for the following certifications you currently have:

Certification	Number & Expiration Date
CPR	
First Responder	
EMT	
EMT-P	
EVOC	

List other certifications or training you have received that is relevant to the emergency field:

1. Are you a citizen of the United States? _____
2. Do you have any medical or physical conditions that may prevent you from driving or from carrying out the duties of an emergency worker? _____
If YES, please explain _____

3. Have you ever been convicted of a crime? _____
If YES, please explain _____

Do you use any kind of illegal drugs, or have been arrested on drug-related charges?
_____ If YES, please explain _____

4. Have you been involved in a car accident that was determined your fault in the past five (5) years? _____
_____ If YES, please describe _____

5. Have you ever had your driver's license suspended or revoked? _____
If YES, please explain _____
(Individuals with DUI within past 10 years are prohibited from driving EATVAC vehicles)

6. Are you willing to follow and abide by the Bylaws, Policies, and SOGs of EATVAC? _____

7. Are you a member of or affiliated with any other emergency service? _____
If YES, please list the names and locations:

May we contact them for a reference? Yes _____ No _____

Explain why you want to become a member of EATVAC:

By signing, I verify that all information on this application is true and correct, and I understand that background checks will be conducted.

Applicant's Name Printed

Witness

Applicant's Signature

Date

Parent Signature *For members under 18*

Date