



Application for Membership in Myerstown First Aid Unit

Name _____ Date _____
 Address _____ SS# _____
 Home Phone # _____ Cell # _____ Date of Birth _____ Age _____
 Email address _____

Do you have any Medical Problems that would hinder you from driving an ambulance or performing your duties as a crewmember? No Yes If you answered "yes", please explain: _____

Do you have any driving violations? No Yes If you answered, "yes", please explain: _____

List three references that we may contact if need be:

1. Name _____ Phone # _____
2. Name _____ Phone # _____
3. Name _____ Phone # _____

The ambulance unit has the right to do initial and random Motor Vehicle Record/Criminal History/Child Abuse Background checks. Please sign that you are in agreement and understand that this can be done at anytime at the discretion of the line officers.

_____ Applicant's Signature / Parent's Signature (minor)

SEE REVERSE SIDE FOR LIST OF CERTIFICATES THAT MUST BE ATTACHED TO COMPLETED APPLICATION.

***** **OFFICIAL USE ONLY - All original copies get filed in Employee file in the main office.** *****

	<u>Date</u>	<u>Notes</u>
Initial Interview	_____	_____
Observer	_____	_____
Junior Member	_____	_____
Second Interview	_____	_____
Probationary Member	_____	_____
Probation Extended	_____	_____
Crew Chief	_____	_____
Full Membership	_____	_____

- Copy of application to **Trustee 1** and other Trustees as needed
- Copy of application to **Trustee 2** (background check)
- Copy of application and Driver's License to **Deputy Chief** (driving record)
- Entered into EMS manager
- Entered into ESO
- Copy of application to **Recording Secretary** to forward to **I.T.** (email)
- Worker's Comp paper copied and filed with Borough office
- Email forwarding rules activated

Completed application must have the following attached:

- Copy of **current** PA EMS Certification (EMR / EMT / Paramedic / PHRN / etc)
- Copy of **current** CPR card
- 2 Copies of Driver's License (Photo ID if no Driver's License)
- Copy of Hepatitis B vaccination record or signed refusal form (vaccination will be provided if not already done)
- Copy of Hazmat certification
- Copy of NIMS 100__ 200__ 700__
- Copy of working papers (if under 18 years of age)
- Copy of EVOG (if applicable)
- Copy of any other applicable certifications
- Worker's Comp paper signed

Mandatory Education that must be completed at earliest ability if not already obtained:

- Blood borne pathogens (yearly)
- CPAP
- Hazmat Ops or EMS equivalent (yearly)
- High performance CPR / Lucas device
- HIPPA
- NIMS 100, 200, 700

When applying for full membership:

- Orientation packet to **Deputy Chief** for review when completed. Then filed in employee's file.
- New Employee packet filled out (to receive reimbursement for points)
- EMSVO application filled out (if applicable)

FOR OFFICIAL USE ONLY:

- Orientation packet to **Deputy Chief** for review when completed. Then filed in employee's file.
- Uniforms, Pager, hats, beanies, other equipment from **Captain**
- New Employee packet to **Trustee**
- EMSVO packet to **Deputy Chief** (when over 21 and beginning driver training)