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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | Application Date | | | | |  |
| Address | |  | | | | | | Social Security # | | | | |  |
| Email | |  | | | | | | Date of Birth | | | | |  |
| Phone # | |  | | | | Phone Carrier: | |  | | | | | |
|  | | | | | | | | | | | | | |
| Do you have any Medical Problems that would hinder you from driving an ambulance or performing your duties as a | | | | | | | | | | | | | |
| crew member? \_\_\_ No \_\_\_ Yes, please explain: | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Do you have any driving violations? \_\_\_ No \_\_\_ Yes, please explain: | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Do you have a criminal history? \_\_\_ No \_\_\_ Yes, please explain: | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please list three references that we may contact, no more then one family member | | | | | | | | | | | | | |
|  | Name | | | Phone # | | | | | Email | | | | |
| 1 |  | |  | |  | | | |  | |  | | |
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By signing this application, you agree to abide by the rules of Myerstown First Aid Unit (MFAU) and understand that MFAU has the right to do initial and random Motor Vehicle Record/Criminal History/Child Abuse Background/drug checks at anytime.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant’s Signature |  | Date |  | Signature of parent/guardian of minor applicant |

Minimum information needed to apply. Application, Copies of Driver’s License, EMS Certification & CPR Card.

Information needed within 1 month of acceptance. PA Childline, FBI Child Abuse/Affidavit, PA Criminal Clearance.

**Completed application packets may be dropped off at the station or emailed to** [**certs@mfau.net**](mailto:certs@mfau.net)

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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **For Internal Use Only** | | Date | |  | Notes | | | | | Interview | |  | |  |  | | | | | Junior Member | |  | |  |  | | | | | Probationary Member | |  | |  |  | | | | | Probation Extended | |  | |  |  | | | | | Full Membership | |  | |  |  | | | | |  | |  | |  |  | | | | | Assigned Email |  | | Entered into ESO | | |  | Entered into EMS Manager |  |   Contact information in the form of a Contact Card shared with Line Officers \_\_\_\_\_\_\_\_ |