



# EAST ALLEN TOWNSHIP VOLUNTEER AMBULANCE CORPS

4945 Nor-Bath Blvd. Northampton, PA 18067  
www.eatvac.org / 610-261-9196 / Fax: 610-465-8795

**Application Date** \_\_\_\_\_ **Acceptance Date** \_\_\_\_\_

**12-Month Probationary Period Ending Date** \_\_\_\_\_

*(Probationary period changed to 12 months per adoption of new bylaws 10/21/2013)*

## MEMBERSHIP APPLICATION

Updated 07/10/2016

**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 Code \_\_\_\_\_

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:

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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:

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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