

Dickson City Community Ambulance Association

Application for Membership

Instructions (Please read carefully prior to filling out application)

1. Your Application **MUST** be legibly in blue or black ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter **N/A**. Do **NOT** leave any blank spaces.
3. An accurate and complete application will help the membership committee expedite your application. Deliberate omissions and/or falsifications will result in immediate disqualification of your application.
4. Attach check or money order payable to “Dickson City Community Ambulance” for \$5.00 Non-Refundable Application Fee.
5. All Junior Applicants (age 16 to graduation from high school) must attach a current working permit; parent(s) and/or legal guardian(s) must also have application signed and be present during interview by membership committee.
6. Must attach copies of any EMS and/or Certificates and/or Licenses.
7. Must attach original copies of completed criminal background & child abuse check (see instructions)
8. Must be interviewed by the Membership Committee

Please check one (1) of the following.

_____ **Active Members:** These members shall join the company in order to assist with EMS Calls and shall attend EMS schools & classes to become more proficient, Administrative duties and fund raising activities. This member shall have a voice and a vote in all matters of the Dickson City Community Ambulance Association if they remain active according to the By-Laws and Standard Operating Procedures.

_____ **Junior Member:** These members are are between the ages of sixteen (16) and graduation from high school. These members shall assist with EMS calls and shall attend EMS schools & classes to become more proficient. These members shall also assist the company in maintaining its work, fund raising activities, and promoting good citizenship in Dickson City Borough. These members are and will be governed under the Pennsylvania child labor laws. These members will have a voice in the company, the member shall have a Vote at the annual election or a majority vote and will be ineligible for any elected and/or appointed position in accordance to the By-Laws and Standard Operating Procedures.

Area(s) of Interest *(Please Circle all that apply)*

EMS Operations / Administrative / Fund Raising

Name: _____

Address of Current Residence: _____

City/State/Zip: _____

How long have you lived at the above address? _____ Municipal of Residents: _____

Previous Address for past (3) years (use back if necessary): _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____

Social Security: _____ - _____ - _____ Drivers License or State ID No. _____ State: _____

Current Employer: _____ Address _____ How long _____

Previous Employer for past three (3) years (use back if necessary): _____

Have you ever applied to be a member or have you been a member of this company? (If so list when) _____

What are your intentions after becoming a member of this company? _____

What time of the day are you mostly available? _____

Education: Please list all schools, colleges, and/or trade schools attended, number of years attended, as well as any degrees obtained. (Use back if necessary)

Please list any and all other fire and /or EMS departments where you are or have been a member (use back if necessary) _____ current / past (circle one)

_____ current / past (circle one)

_____ current / past (circle one)

If you have been in any branch of the Military, please describe duties performed, training you received, years of service. (use back of necessary)

Please list names, address, phone numbers of three (3) peoples who are **NOT** members of this department and who are **NOT** related to you to be used as a character reference. A letter of Reference will be sent to listed references below therefore a valid address is needed.

Junior Membership

If the applicant is between the age of sixteen (16) and graduation from high school at the time of application, they must begin membership as a Junior Member and will be subject to the child labor laws of this Commonwealth and the guidelines of this department. The applicant further understands that at age eighteen (18) or graduation from high school his/her membership status will be changed to Active.

Active Membership

This member shall have a voice and a vote in all matters of the Dickson City Community Ambulance Association if they remain active according to the By-Laws and Standard Operating Procedures.

Training Requirements

Because of the nature of the incidents which members of any EMS company respond to, there are training requirements for those who wish to respond to such incidents. These requirements differ depending on which area of service you are interested in, but exist in some form in each area of service. Application to this department acknowledges this requirement for training. This minimum requirement shall be located in the department’s Standard Operation Procedures.

Criminal Investigation

As membership in this company which provides a community service for which the public depends on at the time of an emergency, all applicants are processed through the Federal, State, and County crime files. A criminal history will not necessary disqualify for membership in this Fire Department. Should the applicant have any type of criminal history record, every consideration will be taken in reviewing the Applicant’s application to this Department.

Applicant’s Statement

By signing this application, I agree to allow “Dickson City Community Ambulance Association” (Ambulance Company) and/or “Dickson City Borough” (Borough) to investigate me for the purpose of determining my suitability to become a member. I authorize the Ambulance Company and/or Borough to make such inquires as it deems necessary and I agree to hold the Ambulance Company & Borough, its servants, officers, officials, members, employees, agents, and assigns harmless from any action that may result. Furthermore, if accepted into membership, I agree to abide by the By-Laws and Standard Operating Procedures of the Ambulance Company. I understand that this application will be held in strict confidence and that all information collected during the course of the investigation will remain confidential. I also understand that my membership status can be changed at any time by the Board of Trustees. I have completed this application to the best of my ability and certify that all information contained herein is correct to the best of my knowledge. I further certify that I have not knowingly withheld any information that could be material to your investigation.

Applicant’s Signature

Parent(s) and/or Legal Guardian(s)
Signature (if Minor)

____/____/____
Date

Dickson City Ambulance Sponsor Signature

Dickson City Community Ambulance Association

RELEASE AUTHORIZATION

TO: Employers, All Courts, Probation Departments, Selective Service Boards, Police Departments, United States of America Federal Government, State Government, County Government, Local Government, Education and/or other Institutions and/or Agencies without exception.

I am making application for membership to the Dickson City Community Ambulance Association. As a result, an investigation is being conducted to determine my eligibility to this Department.

Therefore, you are hereby authorized to release to the Dickson City Community Ambulance Association, or the Borough of Dickson City, and/or its representative any and all information, documentary and/or otherwise pertaining to me which are requested. I hereby release, discharge and/or exonerate the Dickson City Community Ambulance Association, The Borough of Dickson City, its Members, Officers, Officials, employees, agents and/or, representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, and/or collection of such documents, records, and/or other information of the investigation made by the Dickson City Community Ambulance Association.

I further understand that a Photostat copy, facsimile copy, and/or any other type reproduction of this authorization will be considered as effective as the original.

Name: _____ Social Security No. ____-____-____ Date of Birth ____/____/____

Applicant's Signature

Parent(s) and/or Legal Guardian(s)
Signature (if minor)

Witness Signature

____/____/____
Date

BACKGROUND CHECK INFORMATION

1. You must complete the attached Pennsylvania State Police Criminal Background History Form (SP-164) and submit a payment for \$10. You may also complete the form and print the results online at <http://epatch.state.pa.us>
2. If you ever lived in another state in your lifetime other than Pennsylvania, you must also complete an FBI Criminal Background check with fingerprints taken. You must go to https://www.pa.cogentid.com/index_dpw.htm to complete the FBI Criminal Background check. Please follow the instructions for registration and fingerprint locations. If you have lived in Pennsylvania for your lifetime and never resided anywhere else, you are not required to complete this check, but is suggested and recommended. (Cost of FBI Clearance \$36)
3. You must complete the attached Pennsylvania Child Abuse History Clearance Form (CY-113) and submit payment of \$10. (Can not be completed online) You must attach a copy of the results of the Pennsylvania State Police Criminal Background results, and if any the FBI results.
4. Once you have received your all background results, you must submit the **originals** to this application.

You are exempt from completing the background history if the following applies:

1. You are currently active in any law enforcement. You must attach to this application a copy of your Federal or State credentials, and proof that you are current.
2. If you already have had **both** the Pennsylvania Criminal Background, and the Pennsylvania Child Abuse clearance completed within the last year. You must attach a copy of both clearances to this application.
3. You are currently under 18 at time of application. (It is suggested, though not required that the Pennsylvania and if applicable the FBI criminal background history be completed.)

DICKSON CITY COMMUNITY AMBULANCE ASSOCIATION; INC.

2 Eagle Lane
 Dickson City, Pa 18519
 570-383-1399

Return completed form
 to Membership Comm.
 Fax: 570-307-1005

To: _____

_____ has applied to the Dickson City Community Ambulance Association for _____ position, and has given your name as a work or professional reference. We would appreciate any information you could give us regarding this individual. All information provided will be held in strictest confidence. If you have any questions please call 570-383-1399. Thank You.

WORK / PROFESSIONAL REFERENCE

_____ We are unable to locate information regarding this person.

_____ Dates of Employment _____ to _____

Positions Held: _____

Reason for Leaving _____

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Quality of Work			
Quantity of Work			
Job knowledge			
Accuracy			
Adaptability			
Initiative			
Dependability			
Cooperartion			
Punctuality			
Attendance			
Appearance			
Integrity/Trustworthiness			

Would you rehire this person? _____ YES _____ NO

If no, why not? _____

Additional comments: _____

 Signature

 Print

 Date

 Company Name

 Title

 Date

For Dickson City Community Ambulance Use only

 Person completing Telephone Reference

 Date

 Time

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