



Warrington Community Ambulance Corps  
Medic 129

## Application for Membership

Please fill out at the attached application. **Please note that this application is not to be used for Ride-Alongs.** Once complete you can either drop it off Monday-Friday from 0900-1700 or you can mail the application to:

Warrington Community Ambulance  
Corps Attention: Ian Crosby  
P.O. Box 787  
Warrington, PA 18976-0787

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Membership Applying for: ACTIVE/ JUNIOR (UNDER 18)/ ADMINISTRATIVE

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street/P. O. Box/ Apt #)

(City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Pager (If Applicable) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status \_\_\_\_\_ If married, spouses name \_\_\_\_\_

Station: (215) 343-1660 Emergency: 911 Fax: (215)491-0654

MRC 03/14/2010  
Revised: 04/01/2011  
Revised: 04/27/2012

Do you have any prior experience In the Emergency Medical Services?  Yes  No  
If yes where, what when and for how long?

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Do you have any experience in the medical field?  Yes  No  
If yes where, what, when and how long?

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#### Education Record

High School (Name, City, State) \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Business or Technical School (Name, City, State) \_\_\_\_\_

Dates Attenuated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

#### Employment Record

**Present Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_ Supervisor: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Brief Job Description: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Are you Currently In the Military ?  Yes  No ; If yes which branch? \_\_\_\_\_

Do you have any reserve obligations to fulfill?  Yes  No \_\_\_\_\_

Do you have any disabilities that could affect your ability to perform ambulance duty?  
 Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DRIVING INFORMATION

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Type of Vehicle : Make: \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Any Moving Violations in the past 3 years?  Yes  No

If yes, please give the reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

(Please List three references that are not related and submit a letter of recommendation from each reference)

\_\_\_\_\_  
(Name) (Address) (Phone)

\_\_\_\_\_  
(Name) (Address) (Phone)

\_\_\_\_\_  
(Name) (Address) (Phone)

Referred to Warrington Community Ambulance Corps by: \_\_\_\_\_

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**EMS Related Certifications and Classes**

Type	Cert #	Expires	Type	Cert #	Expires
AFA	<input type="checkbox"/> N/A		ACLS	<input type="checkbox"/> N/A	
FR	<input type="checkbox"/> N/A		PALS	<input type="checkbox"/> N/A	
EMT	<input type="checkbox"/> N/A		PHTLS	<input type="checkbox"/> N/A	
EMT-P	<input type="checkbox"/> N/A		BTLS	<input type="checkbox"/> N/A	
HP	<input type="checkbox"/> N/A		EVOC	<input type="checkbox"/> N/A	
CPR	<input type="checkbox"/> N/A		HazMat	<input type="checkbox"/> N/A	
FF	<input type="checkbox"/> N/A		Hep-B	<input type="checkbox"/> N/A	
I.C.S.	<input type="checkbox"/> N/A		Other	<input type="checkbox"/> N/A	

**\*\* PLEASE ALSO ATTACH ALL COPIES OF CURRENT CERTIFICATIONS AND A DRIVERS  
LICENSE OR PHOTO ID\*\***

Please briefly explain why you would like to join Warrington Community Ambulance Corps?

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**FOR ADMINISTRATIVE USE (please do not write below)**

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ Notes: \_\_\_\_\_

Notes: \_\_\_\_\_

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Probationary Membership : \_\_\_\_\_

First Meeting Date: \_\_\_\_\_

Second Meeting Date: \_\_\_\_\_

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Full Membership Approved: \_\_\_\_\_

I do hereby authorize any investigative officer of Warrington Community Ambulance Corps or the Warrington Township Police Department to have released to him/her and all information they deem necessary concerning my background. These may include, but are not limited to: School transcripts, medical records, disability or workers compensation status (relating to perform the duties), adult and juvenile arrests and/or contact with police departments and driving records in reference to my becoming a member with the Warrington Community Ambulance Corps.

The above application has been read and the statements are true and correct to the best of my knowledge. I understand that any misrepresentation or false statements or omissions of facts may be cause for immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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***JUNIOR APPLICANTS (BETWEEN THE AGES OF 16 and 18) please read!!***

Any member of Warrington Community Ambulance Corps over the age of 16 and still in school is considered a junior member. Due to the nature of our business, the chief or other designated official of Warrington Community Ambulance Corps will have to meet with your parent/guardian prior to riding on an ambulance. Warrington Community Ambulance will also need a copy of your working papers, CPR certification prior to riding on an ambulance. Warrington Community Ambulance Corps will assist you in obtaining the necessary certifications. A background check, as described as above will also be conducted.

I/We the parent(s)/guardian(s) of \_\_\_\_\_ whose date of birth is \_\_\_\_\_ do hereby give my/our consent for our son/daughter to participate in the activities of Warrington Community Ambulance.

Parent(s)/Guardian(s) Signature(s)

\_\_\_\_\_  
(signature) (print name) (date)

\_\_\_\_\_  
(signature) (print name) (date)

**\*\*\*\* PARENTS/GUARDIANS- PLEASE REFRAIN FORM SIGNING  
UNTIL AFTER MEETING WITH THE CHIEF OR OTHER DESIGNATED  
OFFICAIL FROM WARRINGTON COMMUNITY AMBULANCE  
CORPS\*\*\*\***

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## **Criminal Background Check & Child Abuse Clearance**

Any candidate for membership of Warrington Community Ambulance Corps is required to have a Criminal Background Check done before an interview will be granted. The website listed below will assist you in completing your background check. This is a \$10 fee that is paid by **YOU** and is non-refundable. Based on the results, Warrington Community Ambulance Corps reserves the right to reject your application.

<https://epatch.state.pa.us>

<http://www.dpw.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm>

You will need to click on submit a new record search and agree to the terms before continuing.

**\*\* ANY APPLICATION THAT IS RECEIVED WITHOUT A  
BACKGROUND CHECK WILL NOT BE ACCEPTED AND AN  
INTERVIEW WILL NOT BE GRANTED \*\***

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